THE EMOTIONAL APPERCEPTION TEST: A VICTIM SPECIFIC EMPATHIC COMPETENCY MEASURE FOR CHILD SEX OFFENDERS

A thesis submitted in partial fulfilment of the requirements for the degree of Master of Arts in Psychology in the University of Canterbury

by

Jayson Barry Ware

University of Canterbury

1997

Acknowledgements

The world comprises three types of people
- those who make things happen
- those who watch things happen
- those who wonder what has happened.

I would like to sincerely thank some people who have and continue to make things happen. Firstly, to my supervisor, Dr Steve Hudson, many thanks for your enthusiastic encouragement, guidance, and the generous donation of your time throughout the entire preparation of this thesis.

Thank you to the therapy team at Kia Marama, particularly Peter Johnston and David Wales, for your practical suggestions and encouragement. I also would especially like to thank the individual's present at Kia Marama who gave so generously of their time, and for sharing so honestly their life's stories. I wish you a successful reintegreation to society.

A special thank you to my mother Gwitha who as always, has supported me without concern for her time during my education. To my father Barry who has not always been within reach, but is always in my thoughts. A warm thank you also to my brother, Paul, and sister, Vicki, for your love and attention. Finally, thank you to Te Kahurangi, my loyal companion, for your love, tolerance, support and understanding.

Abstract

It is commonly assumed that sex offenders lack empathy. However, this assumption is often a source of confusion. Theorists have been unable to agree on a coherent definition of empathy, subsequently often measuring different aspects of what is essentially a multicomponent phenomenon. This confusion is particularly evident in the sexual offending literature, where sex offenders are presumed to lack empathy. In a recent attempt to ameliorate this uncertainty, a four-stage model of the empathic process has been presented and it is now realised that sex offender empathy deficits are most likely victim-specific. This study is an attempt to create a new measure of empathy in the child sex offender, which measures empathic competency towards their own victim(s), other victims, and generalised contexts. The measure also sought to discover if offender empathy deficits emanate in one, or all, of the four necessary stages of empathy.

Twenty incarcerated child sex offenders and twenty community non-offenders were administered the Emotional Apperception Test. The EAT provided reliable and discriminating results. The sex offenders presented significant victim specific empathy deficits, but were also generally less empathic than the non-offenders. Their deficits emanated at the perspective taking stage of empathy, particularly towards their own victims. They presented more general deficits at the following emotional replication stage. These deficits were consistent during and immediately after the sexual encounter with their most recent victim. These results were mostly consistent with recent research, and emphasised the need for further development of competency based measures which are not subject to the fundamental bias associated with self report scales. The limitations and research implications are discussed with particular emphasis on the Emotional Apperception Test and the factors that manifest these victim specific empathy deficits.

Table of Contents

Chapter Five: Method

Chapter Six: Results

Chapter Seven: Discussion

Chapter Eight: Limitations and their resolutions

Chapter Nine: Future research suggestions

List of Tables

List of Figures

List of Appendices

Introduction Overview

The introduction consists of four chapters. Chapter 1 introduces the concept of empathy by looking at its various definitions and related constructs. For instance, empathy has been conceptualised as either a cognitive, affective, or multidimensional phenomenon, and is commonly confused with sympathy and projection. The chapter concludes by introducing a new definition that conceives of empathy a four-stage sequential multicomponent phenomenon.

Chapter 2 examines the literature that suggests that a lack of empathy is a critical characteristic of the sex offender. It reviews etiological theory, treatment program design, and the existing literature relating to empathy in sex offenders. Also reviewed, is the applicability of the new definition of empathy to sex offender empathy deficits. Finally, this chapter queries whether sex offender empathic deficits are a general personality trait as commonly assumed, or more circumscribed towards victims of sexual abuse, or are specific to the sex offender's own victim(s).

Chapter 3 details how empathy has been measured, particularly in sex offenders. It suggests that the inconsistent findings regarding the empathic capabilities of the sex offender are due, in part, because the tests have measured different definitions of empathy. These tests have also assessed a generalised dispositional empathy by means of self-report and have ignored situational factors important to sexual offending. Finally, the chapter suggests that the use of competency based instruments may help circumvent these problems.

Chapter 4 presents a summary of the important points contained in the preceding chapters, and details the aims of the current study. This was to create a new competency based measure that could assess victim-specific empathy, specifically in terms of the four-stage empathy model.

Chapter 1

The concept of empathy

The term 'empathy' derives from the Greek word empatheia, which implies an active appreciation of another person's feeling experience.

(Astin, 1967, p.57)

Empathy in its broadest sense refers to the affective responsiveness of an individual to the emotions of another person. The shared feeling that results when observing another person's emotional state, such as pain, sorrow, and happiness are all feelings that may represent the concept of empathy. The behaviour that follows empathic or vicarious feelings is also important. Typically, individuals who have a high empathic ability are those who share the feelings of others and frequently and appropriately respond to these feelings.

Empathy can exert profound influences in human interactions. It is thought to mediate and regulate various interpersonal behaviours and is implicated in a number of important culturally valued social behaviours, such as altruism, general prosocial behaviour, social relationships, and the regulation of aggressive behaviours (Deutsch & Madle, 1975; Feshbach, 1975; Moore, 1990; Rogers, 1975). Moreover, empathy is considered an important concept in developmental (Hoffman, 1984), social (Davis, 1983a), personality (Feshbach, 1975), and clinical psychology (Goldstein & Michaels, 1985).

Theorists have assumed that empathy has a crucial role in the mediation of prosocial behaviour and altruism (Eisenberg & Strayer, 1987). Generally, the vicarious experiencing of an affective response of a distressed person and some awareness of their viewpoint, leads to voluntary behaviour from the observer intended to benefit the observed person (Davis, 1994). This may include improving the welfare of the other person by either reducing or terminating negative and/or increasing positive emotional states for that person. Presumably, this is an empathic response is elicited due to altruistic purposes rather than for self-interest or egotistical reasons (Eisenberg & Strayer, 1987).

It is also suggested that empathy is functionally important in the reduction and inhibition of aggressive or antisocial actions towards others (Davis, 1994; Feshbach, 1978; Miller & Eisenberg, 1988; Moore, 1990). In short, individuals who understand and vicariously experience the negative emotional responses of others that occur because of their own aversive or aggressive behaviour may be less inclined to continue their aggression, or aggress in future interactions.

Conceptual Definitions

It is evident, in part because of its wide-ranging application, that the conceptualisation of empathy has been confused. The salient conceptual problem with the empathy literature is that the term has been used to denote a wide array of emotional responses and behaviours. There has been so little agreement among investigators regarding the definition of this phenomenon that the development of any coherent view has been difficult to achieve (Eisenberg & Fabes, 1990; Moore, 1990). Furthermore, empathy has often been confused with other similar and/or related constructs such as sympathy and projection. This lack of any coherent definition has greatly impeded the empirical investigation of empathy, particularly the investigation of altruism and behavioural regulation (Moore, 1990).

Traditionally, the definitional focus of empathy has been unidimensional and has alluded to either of two distinctly separate phenomena. Empathy has been seen as either a cognitive phenomenon analogous to cognitive role taking or perspective taking (e.g., Deutsch & Madle, 1975), or as an affective phenomenon referring to the vicarious matching of another's emotional state (e.g., Feshbach, 1978; Hoffman, 1984). Subsequently, the empirical investigation of empathy has been substantially impeded by these difficulties of definition. However, recently it is realised that empathy is best considered a multidimensional phenomenon that incorporates (among others) both cognitive and affective processes (Davis, 1980; 1983a; Marshall, Hudson, Jones, & Fernandez, 1995).

Related Constructs

In order to define empathy, it is important to differentiate it from what it is not. Partly through the conceptual confusion surrounding empathy and partly through the similarity of related constructs, empathy often appears to overlap or be confused with various emotional responses, such as sympathy and projection. For instance, empathy is often used interchangeably with sympathy (Goldstein & Michaels, 1985),

whereas empathy and projection have often been confused at least at an operational level (Feshbach, 1975). In order to further enhance the meaning of empathy, it is important to differentiate it from these related constructs.

Firstly, a sympathetic emotional reaction implies an understanding of the emotional state of another person. Sympathy is 'feeling for someone', and refers to feelings of sorrow for another, or in other words feeling concerned for another person by way of projection (Eisenberg & Strayer, 1987). This concept centres on the elements of condolence, pity, and compassion and is characterised by 'feeling' for another person.

Differences between empathy and sympathy occur in terms of their content, their constituent processes, and their interpersonal consequences (Goldstein & Michael, 1985). A sympathetic response contains elements of pity and condolence, which do not characterise an empathic response. Broadly speaking, in terms of the constituent processes, sympathy is a heightened attention to one's own feelings, whereas with empathy the focus of attention is on the feelings of another (Katz, 1963). The sympathetic individual focuses on how he/she would feel in the situation, understanding but not necessarily experiencing the affect of the other person. The interpersonal consequences of these two constructs differ also. Characteristically, a sympathetic individual being preoccupied with his or her own feelings, is less able to respond appropriately to the other person, whereas an empathic response encompasses more interpersonal responsiveness (Eisenberg & Strayer, 1987).

The second related construct, projection, is the cognitive process of ascribing ones own attitudes, thoughts, beliefs, and values to another (Eisenberg & Strayer, 1987). Projection differs from empathy, as it is a cognitive process that does not necessarily involve affect and also due to the direction of the process involved. Projection is the attributing of feelings from the self to another, whereas empathy involves the experiencing of someone else's feelings and thoughts. The direction of the process is from the self to the other in projection, and from the other to the self in empathy (Goldstein & Michael, 1985). Conceptually, projection is different from empathy, however because these concepts are easily confused projection is particularly important when empathy is measured (see Strayer, 1987, for a detailed discussion).

A Cognitive perspective of empathy

From a cognitive perspective, empathy consists of the ability to understand another person's feelings and being able to take that person's perspective in consort with the situational context (Cronbach, 1955). The processes essential to an empathic response are cognitive and crucially impact on the subsequent affective reactions to the empathic response (Mead, 1934; Deutsch & Madle, 1975; Kohler, 1929). The cognitive definition of empathy suggests that it is the ability to conceptualise other people's feelings, thoughts, and intentions that encompasses empathic ability. Empathic responding is therefore unlikely before the achievement of non-egocentric thought. Specifically, this cognitive ability requires an awareness of the person's internal states on a moment to moment basis, rather than simply a knowledge of more stable and enduring characteristics, such as a person's personality, traits, and opinions (Ickes, 1993).

The ability to assume the perspective of another person has often been seen as the most important cognitive skill involved in empathy (Feshbach, 1978; Hoffman, 1982). A number of cognitive processes contribute to the ability to take a perspective other than one's own. Some are simple, requiring little cognitive effort, whereas others, such as role taking, require a greater deliberate cognitive effort. Role taking involves a deliberate act of imagining oneself in another's place, so that the stimuli impinging on someone else could be impinging on oneself (Stotland, 1969). This mental representation is often thought of as being essential in empathic individuals (Feshbach, 1978; Hoffman, 1982; Mead, 1934), however it is now evident that role taking is not always necessary to an empathic response (Eisenberg & Strayer, 1987). For example, an individual may discern the other person's state and empathise without actually consciously taking the other person's role.

Other more simple cognitive skills evident in accurate perspective taking are symbolic association, classical conditioning, and direct association (Hoffman, 1982). Each of these skills relates to the individuals past experiences. Symbolic association involves the association between cues that symbolically indicate another's feelings and the observer's own past experiences. The distress cues of the other person evoke empathy in the observer not because of their physical or expressive properties but because they symbolically indicate the victims' feelings (Eisenberg, 1982). For example, empathy can be elicited through seeing a picture of a person, or reading a letter from the person, in an emotional situation. Classical conditioning also relates to the elicitation of empathic feelings, due to the past experiences. For example,

direct classical conditioning of empathy may result from the experience of observing the distress of another person at the same time that one is having a direct experience of distress. The result is that distress cues from others become conditioned stimuli that evoke feelings of distress in the self.

Another cognitive process is the direct association between another's emotional cues and the potential empathiser's memories of past experiences in which a similar emotion was evoked (Hoffman, 1982). The emotional cues may include their facial expressions, voice, posture, or any other situational cue that is reminiscent of past experiences. For example, a girl who sees another child cut his or herself and cry, and then cries herself. The sight of the blood, the crying, or any other cue that reminds the girl of her own experiences of pain will evoke an empathic response (from Humphrey, 1922, in Hoffman, 1982). These simple cognitive modes of empathic arousal only require that the observer has had similar past experiences to the situation.

The Affective perspective of empathy

Affective definitions of empathy focus on the affective reactions of one person in response to the experiences of another (Goldstein & Michaels, 1985). This perspective suggests that empathy is the involuntary experiencing of another's emotional state where the reactive affect experienced is more appropriate to the other person's situation than to one's own situation (Hoffman, 1982). Furthermore, there should be an accurate discernible self-other differentiation in terms of the emotion experienced.

The involuntary experiencing of affect that is more appropriate to someone else's situation distinguishes empathy from a direct emotional arousal to environmental cues. These cues that elicit an (affective) empathic response may be expressive cues that directly resonate the other's feelings, or those which convey the impact of the external events on the other (Hoffman, 1982). This definition is obviously incompatible with the cognitive definition as empathy may be evoked with no discernible cognitive processing (Feshbach, 1975). In other words, the affective definition of empathy does not require the person develop any real understanding of the other's emotional state in order to empathise. This understanding may occur after the empathic response, which is affective.

Earlier affect focused empathy definitions assumed that the empathic individual's emotional response paralleled that of the other person (Feshbach, 1978; Stotland, 1969). However, Hoffman (1982, 1984) defined a vicarious emotional response as any emotional response that is more appropriate to someone else's situation than to ones own. This means that any response diffusely congruent to the other person's emotion can be construed to be an empathic response (see Eisenberg & Strayer, 1987; Hoffman, 1984). Davis (1994) employed a narrower definition, dividing affective outcomes of the empathic individual into two forms; parallel and reactive emotional responses. A parallel outcome was one that reflected the person's emotional state (empathic), whereas reactive affective responses differ in some sense from that of the other person but are still appropriate (emotional arousal) (Davis, 1983b, 1994).

The process versus content argument

Additional confusion exists within the empathy literature as to whether empathy should be considered in content or process terms (Strayer, 1987). An empathic process refers to the underlying operations of empathy that result in an empathic response, whereas the content is the empathic outcome of this process. Essentially, within the cognitive-affective dichotomy, vicarious emotional responding is the main criterion of whether empathy has occurred. Conversely, as with any emotion, cognitive aspects will determine how affect is experienced and interpreted (Hoffman, 1975). Therefore the process by which empathy occurs can be seen as cognitive, whereas the content would be the affective responding (Feshbach, 1975). This is, however, rather a simplistic statement as emotion itself can be seen as a process (Strongman, 1992). Hence this argument is an additional source of confusion for empathy researchers.

Viewed in this way, it can be seen that part of the definitional confusion regarding empathy has resulted from the study of different perspectives of empathy, where these perspectives are each addressing different parts of a larger phenomenon (Davis, 1994). In fact, measures of empathy have shown discernible cognitive and affective differences in individuals when the same situation is being evaluated (Strayer, 1987). Hoffman (1984) and Eisenberg and Strayer (1987) described empathy processes in terms of the degree and extent of cognitive processing required for their operation. However, processes other than cognitive may activate empathic responding. For example, recognition of the other person's emotion, the communication of empathy, or in fact the decision as to whether or not to act with

empathy, may all be processes that operate to produce feelings and behaviour perceptible as empathy (Davis, 1994). This emphasises the need for a multidimensional approach to empathy that incorporates the cognitive, affective, and other (i.e., behavioural) elements of empathy, which are seen as interacting processes and each being independently necessary for an empathic response.

A Multidimensional approach to empathy

Recently, it has been suggested that empathy is best conceptualised as a multidimensional construct, consisting of both cognitive and emotional components (Davis, 1980,1983a, 1983b; Deutsch & Madle, 1975; Feshbach, 1978; Hoffman, 1978; Iannotti, 1975). According to this approach, an empathic response consists of a set of explicit components related in that they all concern responsiveness to others but are also clearly discriminative from each other. Multidimensional definitions of empathy range from a dichotomous concept that involves only cognitive and affective components (e.g., Feshbach, 1975; Hoffman, 1982), to four or five-component models that incorporate a wide range of behaviours and processes (e.g., Davis, 1980; Keefe, 1976). Accordingly, a multidimensional perspective refers to the processes involved in an empathic response. The components involved either interact or act in a sequential fashion to produce a response recognisable as empathy.

Mulitdimensional definitions of empathy to a large degree circumvent the problems associated with unidimensional definitions. For example, affective definitions fail to explain individual differences, such as why one person would experience more affective arousal to stimuli than another similar individual, or why some situations and/or people evoke more empathy than others. The cognitive processes, by which the individual was empathetically aroused, such as direct association, can provide an adequate explanation whereas a purely affective definition of empathy would not. Similarly, a vicarious emotional response is widely believed to be essential to empathy, but within cognitive definitions of the construct this is not required (Deutsch & Madle, 1975). Furthermore, a purely cognitive approach to the definition of empathy fails to account for any motivation and the behaviour of acting on this knowledge (i.e., the content of an empathic response).

By viewing empathy as a multifaceted singular construct, there is no need to identify different kinds of empathy. For example cognitive role taking (Mead, 1934) and affective empathy (Aronfreed, 1968) have often been thought of as separate and different categories of empathy. It is now believed that these two empathic

processes are explicit and distinct but act together to produce a singular concept of empathy. Some multidimensional frameworks conceptualise empathy as being primarily cognitive (e.g., Keefe, 1976), whereas others emphasise the affective component (e.g., Feshbach, 1975). However, these theoretical frameworks all emphasise that empathy consists of a number of processes that act together to some extent.

There are three major multidimensional models of empathy, by Feshbach (1975), Hoffman (1982), and Davis (1980). Feshbach's is a three-factor model consisting of two distinctly cognitive components and one affective component. The first step in being empathic is to discriminate the emotional state of another person. For example, to empathise with an emotion such as sadness, the individual must be able to identify the emotional cues that distinguish sadness from other emotional states. The next factor is the cognitive ability of the individual to assume the perspective and role of the other. Finally, the third factor is the ability to experience the exact emotion that the other person is experiencing. Feshbach considers that these three factors encompass an empathic response.

Hoffman's (1975, 1982) developmental model posits that empathy can be viewed as an affective-cognitive synthesis, where empathy is primarily an affective response. Hoffman attempts to provide a framework where the capacity to react emotionally towards others, together with different levels of cognitive abilities produce empathy. Hoffman suggests that there are six basic modes that produce an affective reaction to the experiences of another person (Davis, 1994). Each of these modes can be seen as different levels of information processing, all of which are cognitive processes. Hoffman believes these modes are consistent with normal cognitive-development, therefore in adulthood all modes are used to process the relevant situational information and emotional states being observed.

The most influential multidimensional model is that posited by Davis (1980, 1983a, 1983b). Davis views empathy as consisting of four clearly discriminative constructs that each represent some aspect of the global construct of empathy, and are each essential to an empathic response. These disparate constructs are (1) perspective taking, (2) fantasy, (3) empathic concern, and (4) personal distress. Davis (1983a) identified three of the four constructs as being aspects theoretically important in previous empathy research. Fantasy, the only construct not examined in past empathy research, has been shown to affect emotional reactions towards others and subsequent altruistic behaviour (Stotland, 1969). Therefore all of Davis' constructs

that together represent a global construct of empathy have clear theoretical links with empathy (Davis, 1983a, 1983b).

For Davis, perspective taking involves the tendency to spontaneously adopt the psychological point of view of others. Fantasy reflects the tendency to imaginatively transpose oneself into fictitious situations and is an affective construct. Personal distress concerns the inclination to experience distress and trepidation in response to distress in others. Finally, empathic concern reflects the tendency to experience feelings of sympathy and compassion for another person. Davis (1983a, 1994) contends that individuals may differ in their ability in each of these four essential constructs. Individuals high in empathic ability may have higher levels of each of these constructs. Conversely, if an individual lacked the capability to show empathic concern for others, it is reasonable to assume that this individual may lack global empathy.

A reconceptualisation of empathy

Marshall, Hudson, Jones, and Fernandez (1995) have attempted to arrive at a heuristically optimal way of defining the complex concept of empathy. They see empathy as a multicomponent phenomenon, each component of which is essential to an empathic response. They outline a sequential four-stage information processing model that is dependent upon at least some of the characteristics of the observed person. In this sense, empathy is defined as a process, whereby the components involved act in a sequential fashion to produce a response recognisable as empathy. The four stages in the model are: (1) recognition of the emotional state of the observed person, (2) viewing the environment from the other person's perspective, (3) experiencing the same emotional state as the observed person; and (4) the decision to respond, or not, in an appropriate way that usually reduces or terminates the cause of the observed person' distress.

(1) Emotional Recognition

The emotional recognition stage requires that the observer is able to accurately discriminate the emotional state of the observed person. This is a critical first stage of the empathy process in which the observer uses overt behavioural cues (postural, facial, verbal, and tonal) and indirect situational cues to assess the emotional state of the observed person. The ability to recognise expressed emotion is thought to be critical to the ability to respond with empathy to the emotional distress of others

(Hudson, Marshall, Wales, McDonald, Bakker, & McLean, 1993; Marshall et al., 1995). Therefore, those individuals who are lacking in empathic ability, relative to others, may be unable to accurately discern emotions that would evoke empathic arousal, such as fear, disgust, and anger. Presumably any individual who lacks ability to accurately recognise affect in another person will be unable to adequately progress through the remaining stages in the empathy model. Therefore the observer may continue any behaviour that was being effected without inhibition.

Emotion recognition has been largely ignored in empathy literature to date. The exceptions being Feshbach (1975, 1978), Lane and Schwartz (1987) and Miller and Eisenberg (1988) who each stressed the importance of emotional awareness and accurate emotion perception as prerequisites for empathy. Feshbach (1975) proposed that empathy is a three component process, whereby the ability to identify and discriminate the perspective and role of another person is the necessary first step in empathising. Lane and Schwartz (1987) in proposing a cognitive-developmental theory of emotional awareness, emphasise the importance of the ability to recognise emotion in the self and others, in accurate empathic responding. Miller and Eisenberg (1988) suggest that a lack of empathic ability may be in part a consequence of an inability to identify another person's feelings, especially in distressful situations.

It is apparent that the ability to accurately discern the emotional state of another person is a skill that not everyone has in abundance (see Izard, 1971). Feshbach (1987) and Miller and Eisenberg (1988) have attempted to assess the emotional recognition abilities of empathic and unempathic individuals. They found that empathic subjects were more skilled at accurately recognising the emotional states of others than were nonempathic subjects. This supports the supposition that to empathise with another individual it is necessary to first recognise the other individual's emotional state.

(2) Perspective-taking

The second stage in the empathy model involves the cognitive process of taking the perspective of the observed person and viewing the world as they do. This reflects the ability to put oneself in the observed person's place, or the related but different ability to role-take. This non-egocentrical cognitive reasoning is a prerequisite for an empathic response. The individual must be able to cognitively recognise, understand and essentially espouse the other person's perspective, in terms of both

emotion and behaviour. The individual must be able to do this from overt behavioural and indirect cues presented within the situational context. These thoughts and feelings may be interpreted from behavioural (e.g., verbal, facial) and situation cues. Furthermore, interpersonal cues such as the observer's knowledge of the person may be important to their understanding of the other person's viewpoint.

Marshall et al. (1995) identified the notion of similarity as being of key importance to the perspective-taking abilities of an individual. Presumably, the extent to which the observer is similar to the observed person will impact upon the perspective taking ability of the observer. The greater the degree of similarity between the two individual's then the easier it would be to take the perspective of the other person. This similarity is dependent upon the observer, but it may include gender and age, or even attitudes and opinions. However, it is necessary that this similarity is discernible to the observer (Davis, 1994). The issue of similarity seems plausible largely because of the aggression literature, where it has been found that similarity between the aggressor and the victim arouses empathy for the victim and thus reduces aggression directed towards the victim (Bandura, 1973; Bandura, Underwood, & Fromson, 1975).

The perspective-taking stage emphasises the cognitive element of empathy. Marshall et al. (1995) presumably mean for this stage to incorporate all the cognitive processes that may make up an empathic response, for example symbolic and direct association as well as role-taking (see Hoffman, 1982). It is not necessary that the highly cognitive process of role taking be undertaken to take another's perspective (Eisenberg & Strayer, 1987). Therefore the process by which the individual takes the perspective of the other person may be through other cognitive skills, such as direct association, and symbolic association either individually or collectively. However, intuitively an individual must be able to take the perspective of the other person, and put oneself in the observed person's place and see the world as they do in order to progress to the next stage and experience the person's emotional state.

(3) Emotional Replication

The third stage, emotional replication, is the experiencing of a vicarious emotional response that is the same (or nearly the same) as the emotional experience of the observed person (Marshall, O'Sullivan, & Fernandez, 1996). The vicarious emotional replication is an involuntary response to the emotional state of the other person. Moreover, it is necessarily appropriate to the observed person's situation

rather than to the observer's own and it is essential that there is an accurate self-other discrimination of the emotion experienced.

To accurately replicate the emotional state of the observed person, the individual must first be able to recognise and identify the emotional state (stage 1), and be able to adopt the perspective of that person (stage 2). However as Marshall et al. (1995, 1996) noted, it is also important that the observer has the emotional repertoire that will enable an accurate replication of the observed state. If a person has a full emotional repertoire and can readily identify his/her own emotional states, then it is likely that the individual will be able to replicate observed emotions (Lane & Schwartz, 1987; Izard, 1971; Ekman & Oster, 1979).

Marshall, O'Sullivan, and Fernandez (1996) note that this vicarious emotional response need only be similar to the observed person's emotional state. This is a potential difficulty for the measurement of an empathic response. Feshbach's (1975) model requires the emotional replication to be identical to the observed person's emotional state. Conversely, Hoffman's (1982) model only requires that there be a fairly close match between the emotional states.

(4) Response Decision

To this point in the empathic process, the individual has recognised the emotional state of the other person, taken his/her perspective, and has experienced a similar, if not identical, emotional state as the observed person. The concluding stage of this process, response decision, concerns the observer's decision whether to respond, or not, in an appropriate manner that reduces or terminates the cause of the other's distress (Marshall et al., 1995). An appropriate manner in this sense refers to socially desirable and/or socially competent responding. For example, when the victim is distressed through the actions of the observer, and the situation has elicited empathic feelings within the observer, an appropriate response would be to attempt to terminate, or at least reduce, the victim's distress no matter how self-gratifying it may be. Research indicates that, at least within the aggression literature, these empathic feelings elicited will most probably inhibit instrumental and emotional aggression (Feshbach, 1978, 1987; Mehrabian & Epstein, 1972).

It is likely that various extraneous factors impinge upon the decision as to whether to act in an appropriate manner. These factors act as inhibitors to an empathic response. For example, stress, alcohol and drug use, and physiological arousal such

as sexual arousal and/or negative affect all may act, either together or independently, to cause the individual to ignore or simply suspend feelings of empathic concern. Situational factors may also influence the decision whether to act empathetically. For example, an individual may act differently in group situations compared to when they are alone. Furthermore, it may be that causal attributions and cognitively distorted patterns of thinking may influence the decision to act empathetically or not.

The response of the distressed person is probably also important to this stage. If the observer is the aggressor and the victim is reacting in a passive or non-reactive manner, this may serve to reinforce the aggressive behaviour. Perhaps viewing the distress of the other person has reinforcing properties, and in this case it is unlikely that empathic feelings will inhibit this behaviour (Bandura, 1973). However this is sadistic behaviour and reflects other deficits as well as empathic. In summary, it is quite evident that many varying factors may influence the decision to act empathetically or not on the basis of the observer's feelings.

Difficulties at any stage may cause lack of empathy

Marshall et al. have postulated this reconceptualisation of empathy as a framework from which detailed theoretical and empirical explanation of a confused concept might evolve. The primary advantage of such a framework is that empathy is conceptualised as an unfolding process dependent on an individual's abilities in a variety of skills. Presumably, if an individual lacked the ability to act with empathy, this may be due to difficulties at any one, or all, of these stages. Moreover, if an individual was to deliberately suspend his/her empathic capabilities, then this too could take place at one or all stages. A further strength of this framework is that ability in each stage is dependent on the skill in the preceding stage. This sequential process will help identify fundamental deficits in the unempathic individual. For example, an individual who lacked competency in recognising his/her own and other people's emotions, would presumably be restricted in his ability to cognitively understand, interpret and feel the feelings of the observed person. For these reasons, this framework directs research to each of the components rather than to empathy as a whole entity.

This information processing framework for empathy is applicable to various groups of individuals, who are presumably deficient in their ability to experience empathic feelings that would inhibit their deviant behaviours. For instance, individuals who aggress towards others may be deficient in one or more stages of this

reconceptualisation of empathy (this is presuming that empathy is a causal factor, or its absence maintains offending). In essence, if they were to show a greater awareness of the other's viewpoint they might reduce their aggressive behaviour(s). For example, groups such as violent individuals, aggressive parents, aggressive children, and sex offenders all may either be devoid of empathic ability or are able to suspend this ability in order to aggress.

Chapter 2

Empathy deficits in sexual offending

The concept of empathy has aroused considerable interest in the sex offender literature. This interest seems to be based primarily on the plausible assumption that victim empathy should inhibit and reduce the development and maintenance of offending behaviour. Presumably, if the sex offender is able to recognise, comprehend and experience the distress and harm inflicted upon his victim, then this would inhibit the current sexual offending and further similar behaviours.

Sex offenders are clearly a heterogeneous group, but a common factor in their offending does appear to be a lack of empathy for their victims (Marshall, Hudson, Jones, & Fernandez, 1995). This is reflected in the etiological theories proposed to account for sexual offending and in the design of treatment programmes for sex offenders. However, there is conjecture as to the true extent of sex offender empathic deficits. Recently, it is suggested that rather than being generally unempathic individuals, sex offenders are selectively unempathic towards their own victim, and/or other (potential) victims of sexual abuse. It is also suggested that the empathy model (Marshall, Hudson, Jones, & Fernandez, 1995) provides a better understanding, and means of assessment, of the empathic capabilities of the sex offender.

Theory

One of the most salient aspects of sexual offending is the heterogeneity involved. This is evident in sexual offender offence patterns and the disparate range of factors identified as being important in the onset, development, and maintenance of sexual offending. In order to account for sexual offending and to facilitate assessment and treatment of the sexual offender, comprehensive etiological theory is needed. Etiological theory aims to specify causal factors and mechanisms to explain known facts and empirical findings of a certain behaviour (Hooker, 1987). In the past two decades a number of theories and models have been developed that aim at enhancing our understanding of sexual offenders (Marshall, 1996).

Etiological theories proposed to account for sexual offending can be traditionally classified into psychodynamic, behavioural, feminist, sociobiological and social cognitive categories. Marshall and Barbaree (1990) noted that adherence to these narrow perspectives has been detrimental to the development of adequate etiological theory for sexual offending due to the disparity of factors involved. It seems unlikely that a behaviour as complex as sex offending can be fully explained by single factor theories. Consequently, multivariate or integrated theories have provided the most promising attempts at explaining sexual offending. However, it seems there is still a sense of theoretical confusion in terms of the importance of the factors involved in sexual offending, although recently much is being done to address this (see Hudson & Ward, 1995; Marshall, 1996).

Integrated theories have been developed to incorporate the large number of factors that are evident in sexual offending (e.g., Marshall & Barbaree, 1990; Malamuth, 1986; Williams & Finklehor, 1990). These diverse factors are often based on psychological, biological, or sociological processes and are best seen as functionally interdependent (Marshall & Barbaree, 1990). It has become clear that a tangible understanding of sex offending can only be attained when all the disparate factors that assume a role in the facilitation of sex offending are seen as functioning together to produce the inappropriate sexual behaviour. Indeed, it is apparent that the wide range of integrative theories proposed to account for sexual offending are, in effect, theoretical frameworks. These frameworks provide a set of constructs to guide model building and empirical research, rather than being true etiological theories that clearly describe the causal factors and their relationships with each other (Hudson & Ward, 1995; Ward, Hudson, & Marshall, 1995).

Marshall and Barbaree (1990) for instance, developed an integrated theoretical framework of sexual offending. They suggest that sexual aggression is multiply determined and place an emphasis on distal factors such as biological, developmental and sociocultural influences that result in a vulnerability to offend. Transitory situational factors such as alcohol, negative affect, and sexual arousal may serve to lessen inhibiting controls and interact with the existing vulnerabilities, leading to sexual aggressive behaviour. As an example of another multivariate framework, Hall and Hirschman's (1991) quadripartite model which specifically addresses rape, describes four motivational precursors to sexual offending; sexual arousal, cognitive appraisal, affective dysfunction, and personality traits. Each of these factors interacts with the others, being more or less important depending on the

typology of the offender. This view suggests that these various precursors act together to increase the probability of sexually aggressive behaviour.

Recently, it has been suggested that although single factor theories are unlikely to adequately explain the complex nature of sexual offending, they can, nevertheless, expand our understanding of each of the factors in broader more comprehensive multivariate theories (Ward, Hudson, Marshall, & Siegert, 1995). Whereas broad theories attempt to determine all the causal factors involved, single factor theories tend to detail the mechanisms and processes underlying a particular factor involved in sexual offending. For example, attachment theory has been proposed as one such middle level theoretical framework that attempts to elucidate intimacy and relationship difficulties in sex offenders (Marshall, 1989, 1993; Ward, Hudson, Marshall, & Siegert, 1995).

Empathy: An important factor in multivariate theories

The various multivariate theories, and frameworks, developed to account for the occurrence of sexual offending, all acknowledge the existence of disparate factors that may function interdependently to facilitate sexual offending. One such factor is empathy, or a lack of it. Indeed, theorists have often noted the important role a lack of empathy plays in the facilitation and maintenance of sexually aggressive behaviour (e.g., Becker, Skinner, & Abel, 1983; Hall & Hirschman, 1991; Hildebran & Pithers, 1989; Hobson, Bolard, & Jamieson, 1985; Malamuth , 1988; Marshall & Barbaree, 1990; Williams & Finklehor, 1990). Empathy is considered to contribute to the prevention or termination of harmful behaviours, by acting as an inhibitor facilitating self-control and prosocial behaviour. A high level of empathy may therefore act to prevent the expression of (sexual) aggression. This is consistent with the more general notion that empathy and aggression are antagonistic responses (Tangney, 1990).

In classical aggression literature, empathy is thought to contribute to the inhibition of aggressive behaviour (see Davis, 1994 for review). From a cognitive perspective, the ability to adopt the perspective of others, particularly within a potential conflict situation, leads to a greater understanding of, and tolerance for, the other person. Conversely from an affective perspective, observing the victim of one's own aggression (especially pain and distress cues) leads to a sharing of the victims' distress. Being understanding of the other person's perspective and experiencing vicarious distress, arguably is to experience empathy, which presumably (with

exceptions) leads to a reduction or termination of the aggressive behaviour (Feshbach, 1978; Iannotti, 1978). Indeed, empirical research supports this notion, that being unable to feel empathy towards an individual or group is likely to increase the probability of engaging in aggressive behaviour towards that individual or group (Bandura, 1973; Bandura, Underwood, & Fromson, 1975; Feshbach, 1978; Iannotti, 1978).

Within the sexual offending literature, various theorists have noted the importance of empathy as an inhibitor to sexual aggression. It is suggested that sexual offenders lack the ability to respond empathetically to the distress of others, more specifically their victims. For instance, in their theoretical framework, Marshall and Barbaree (1990) propose that sex offenders are emotionally indifferent to events distressing to others, and therefore are unable to develop empathy as an inhibitory control over (sexual) aggression. Hall & Hirschman (1991) suggest that there is a reciprocal relationship between negative affect states and normal inhibitions such as empathy that prevent offending behaviour. The more concern and sensitivity the offender has for the victim, the stronger will be the emotional inhibitory processes.

Similarly, Barbaree, Marshall, and Lanthier (1979) suggest that recognition of the victim's distress inhibits sexual arousal in offenders. This suggests that offenders are not necessarily aroused by the use of force but rather fail to inhibit their sexual arousal and erection because of less empathic ability. Barbaree and Marshall (1991) believe empathy may act as an inhibitor of sexual arousal to sexual aggression cues such as nonconsent and violence. The observer's emotional response to these cues reduces arousal by evoking an empathic response (Malamuth & Check, 1983). Malamuth (1981, 1986) suggests that if a man is high in what he termed a hostility trait, the suffering of a victim during a sexually aggressive or deviant act would not inhibit the man's sexual arousal, and may even reinforce it. Hostility then blocks inhibitory factors such as the individual's empathic capabilities. Finklehor and Lewis (1988) suggest that a general inability to empathise with children is one of three aspects of masculine socialisation that lead to sexual offending against children. Also, sociologists Scully and Marolla (1984) proposed that empathy facilitates social control by encouraging self-control. Specifically, synesic role taking (from awareness of the victims' feelings and behaviour) and reflexive emotions (e.g., embarrassment for oneself) produce empathic feelings. These empathic feelings function as a mechanism for controlling one's own behaviour, and facilitate social control (Scully, 1988).

Attachment theory may be especially important in respect to a lack of empathy in sex offenders as caregiver and child attachment, and early childhood experiences are recognised as being essential in the development of empathic abilities in adulthood (Eisenberg & Miller, 1987; Feshbach, 1987; Hoffman, 1982; Strayer, 1987). It is apparent that secure early attachment between the child and caregivers appears to be a major antecedent of early interest in others, and is seen as a necessary precondition for the development of empathy (Mussen & Eisenberg-Berg, 1977). Furthermore, empathy deficits in sex offenders may be, at least partly, a function of the intimacy and interpersonal difficulties that impact on the etiology and maintenance of their deviant sexual behaviour (Ainsworth, 1972; Bowlby, 1966; Marshall, 1989; Ward, Hudson, Marshall, & Siegert, 1995; Ward, Hudson, & McCormack, 1996).

In summary, sexual offending is best explained by multivariate theoretical frameworks that incorporate a wide range of disparate factors, each thought to be important in leading up to, and maintaining the aversive behaviour. A common factor in these broad frameworks is that sex offenders manifest a lack of empathy. Within these theories, empathy functions as an inhibitor of sexual offending, predominantly because of the awareness it generated in the offender of the distress and harm caused to the other person. This is consistent with the general aggression literature, which suggests that empathy and aggressive behaviour are antagonistic responses. It is also suggested that attachment theory may provide an important single level framework with which these empathy deficits may be explained.

A lack of empathy in sex offenders: Empirical research

Theory is of course a guide to conceptual and empirical research and is important in the development of adequate assessment and treatment programmes. Therefore it is not surprising that empathy has recently emerged as an essential factor for which empirical data needs to be generated. Subsequently, there been a rise in the number of empirical studies investigating the empathic abilities of sex offenders. There is still, however, little in the way of adequate empirical data with which to assess these empathic abilities. Researchers have attempted to investigate rapist and child sex offender empathy using a variety of different instruments, and in a variety of contexts. These studies have revealed a wide array of different findings.

Lisak and Ivan (1995) used a general affect oriented empathy measure and found that compared to non-sexually aggressive men, self-reported rapists manifested a lower capacity for empathy, both in terms of emotional recognition and empathic

content. Rice, Chaplin, Harris, and Coutts (1994) also measured empathy in rapists. They presented audiotaped narrations of a male-female interaction that involves categories of rape with victim enjoyment, rape with victim suffering, and consenting sexual and nonsexual interactions. Overall, across all categories the rapists displayed less general empathic ability than nonrapists did and deviant sexual arousal was reportedly inversely related to self-reported empathy. Likewise, Chaplin, Rice, and Harris (1995) measured the empathic abilities of child molesters by presenting audio-visual scenarios with a similar array of categories to Rice et al. (1994). Offenders reported less empathy towards the victim scenarios than did non-offenders, however this was only evident on the cognitive measure (Hogan's Empathy Scale, Hogan, 1969) and not the affective measure (Questionnaire Measure of Emotional Empathy, Mehrabian & Epstein, 1972).

Scully (1988) examined rapists' perspectives of their own and the victim's responses to their rape experience by conducting large open-ended interviews with 114 convicted rapists. They concluded that the rapists expressed virtually no or very little empathic feelings towards their victims and the empathic feelings of these men were so weak or non-existent that empathy was an unreliable mechanism of self-control. In a related study, Hamilton and Lee (1990) investigated the propensity to rape in students by varying knowledge given to the respondents about the effects of rape. Generally, the greater the knowledge about rape consequences, the greater awareness of victim suffering, the less propensity to rape was reported. Although not acknowledged by Hamilton and Lee, empathic arousal was probably facilitated by the awareness of harm to the victim. Therefore, sex offenders who are not aware of the distress and harm caused to the victim, or who are able to distort the consequences of their offending behaviour are unlikely to show empathy.

Marshall, Jones, Hudson, and McDonald (1993) also investigated the empathic abilities of 92 incarcerated and 20 community based child sex offenders using a generalised multidimensional empathy scale (Interpersonal Reactivity Index, Davis, 1983a). They found that compared with the incarcerated offenders the community based child molesters were deficient in general empathy. Furthermore, when these results were compared with earlier normative scores on the empathy scale (i.e., Salter, 1988), there was no significant differences between these groups. Interestingly, the empathy deficits of the community based child sex offenders were not so low as to suggest real problems with empathy.

Marshall, Fernandez, Lightbody, and O'Sullivan (1994) developed a person-specific measure of empathy for child molesters based on a suggestion by Hudson et al. (1993) that empathy deficits may be victim-specific, or at least specific to children. They administered the measure to 29 incarcerated child sex offenders and 36 community non-offenders. They found that the child molesters were equally able to emphasise with general situations involving a child, were less empathic toward a child who had been sexually abused by someone else and extremely unempathic towards their own victim(s). Later, Marshall, O'Sullivan, and Fernandez (1996) used the same person-specific measure, finding similar results lending credence to the victim-specific nature of child sex offender empathy deficits.

Other studies have not revealed any significant empathy deficits in sex offenders. For example, Langevin, Wright, and Handy (1988) administered a battery of tests to a group of 98 exhibitionists, incest offenders, pedophiles, and rapists. They used a general empathy measure (QMEE, Mehrabian & Epstein, 1972) to investigate whether these groups differed in terms of the their empathic capabilities. They found that the empathy measure was unable to distinguish between the groups and also between violent and non-violent offenders. Moreover, the scores of sex offenders on the measure used did not differ from the normative control group of university students provided with the empathy measure. However, they did significantly discern that deniers of their offences considered themselves more empathic than admitters. Hayashino, Wurtele, and Klebe (1995) likewise investigated the empathic abilities of 43 incarcerated incestuous and extrafamilial child molesters, using a multidimensional scale assessing cognitive and affective empathy components (adapted from IRI, Davis, 1983a). They found that, contrary to expectations, the child molesters were no less empathic than their control groups consisting of incarcerated nonsexual offenders and individuals from the community. Moreover, there was no discernible difference in empathy between the incestuous and extrafamilial child molesters.

In summary, several studies have examined the empathic abilities of sex offenders. These studies have used a variety of empathy measures and have found quite disparate results. On the whole it is apparent that sex offenders are deficient in their ability to empathise, therefore justifying the assumption that empathy is an important factor in sex offending. However, these findings have not been consistent, particularly as the measures used have varied between studies. More recently, person-specific measures have consistently found marked victim-specific empathic deficits in child molesters. Even with the inconsistencies in the measurement of sex

offender empathy, it is clear that empathy deficits are an important factor to target in the assessment and treatment of the sex offender.

Treatment of the sex offender and empathy

Treatment of the sex offender is judiciously based upon the etiological theory proposed to explain the development and maintenance of the offending behaviour. For this reason, contemporary therapeutic interventions for sex offenders are invariably integrated and multimodal in nature (Marshall, Jones, Ward, Johnston, & Barbaree, 1991). With the increased emphasis on cognitive behavioural approaches and relapse prevention interventions, treatment of the sex offender addresses a board range of areas where deficiencies are thought to be found. Treatment programmes for sex offenders commonly address the offender's deviant sexual arousal, cognitive distortions, empathy deficits, social skills deficits and incorporate a relapse prevention component (Marshall, Hudson, & Ward, 1992; Pithers, Martin, & Cumming, 1989).

It is frequently suggested that empathy training is an essential target in the effective treatment of sex offenders (Longo, 1983; Maletzky, 1991; Marshall, 1993). Indeed it has been found to be the most commonly used modality in sex offender treatment programmes (Pithers, 1994). Knopp, Freeman-Longo, and Stevenson (1992) in their survey of North American sex offender treatment programmes report that 94% of treatment programmes employ empathy training. Furthermore, empathy training is emphasised with both rapists (e.g., Marshall, 1993) and child molesters (e.g., Pithers, 1994), with different age groups, such as juvenile offenders (Sapp & Vaughn, 1990), and with different modalities of therapy, for example group therapy and individual therapy (O'Donohue & Letourneau, 1993).

Empathy training specifically targets the offender's lack of empathy towards their victim(s), and their inability or refusal to understand the effects on their victim of the sexual abuse (Hudson, Marshall, Ward, Johnston, & Jones, 1995). Presumably, enhancing sex offender empathy for victims of sexual abuse will inhibit further offending as the offender can no longer be unaware of the victim's distress and can see the effects of his behaviour as being harmful. Indeed in aggression literature, enhancing empathy has been demonstrated to replace acts of aggression with non-violence (Feshbach, 1978; Iannoti, 1978), so seemingly with sexual aggression, enhancement of sex offender empathy should inhibit further offending. It is thought that establishing victim empathy also provides motivation for further behaviour

change and maintenance of relapse prevention. Furthermore, empathy training has been shown to significantly enhance other components of training, such as cognitive restructuring and behavioural reconditioning (addressing deviant sexual arousal) (Hildebran & Pithers, 1989). In fact, relapse prevention training programmes are commonly administered only after empathy is addressed first. Presumably, victim empathy enables the offender to emotionally motivate himself, as he is no longer unaware of the victim harm.

It is important to recognise that the definition of empathy is of obvious importance to the treatment modality employed. A multimodal definition assumes a practical importance in that there are several potential areas of change (i.e., cognitive, affective, behavioural) in an empathy treatment programme rather than one (Pithers, 1994). However it is not evident as to how researchers have defined empathy in most treatment programmes. For example, Pithers (1994) and Hildebran and Pithers (1989) view empathy as multidimensional and employ Davis' four-factor definition. Hudson, Marshall, Ward, Johnston, and Jones (1995) suggest that empathy is multimodal in nature, and have designed the treatment component of the Kia Marama Sexual Treatment programme as such. Whilst more recently, Marshall et al. (1996) have detailed their empathy treatment component in terms of the reconceptualisation of empathy (Marshall et al., 1995).

Several researchers have provided descriptions of their empathy enhancing components from their overall treatment programmes. For example, Marshall and Barbaree (1990) emphasise the enhancement of sex offenders' intimacy, thereby reducing emotional loneliness, while targeting empathy deficits and rationalisations that reduce their empathic capabilities. In order to acquire or reinstate this ability, offenders are required to describe the impact of their actions on the victim in terms of immediate, post-abuse, and long-term consequences. Several additional tasks are also used such as writing an account from their own victim's perspective of the distress suffered both immediately and after the offence and the ongoing effects of this abuse (Hudson, Marshall, Ward, Johnston, & Jones, 1995). Marshall, O'Sullivan, and Fernandez (1996) emphasise the need to administer three segments for their empathy component. In accordance with their reconceptualisation of empathy (Marshall et al., 1995), they attempt to facilitate emotional expression, awareness of victim harm, and victim empathy in sex offenders. The emotional expression segment encourages identification and expression of feelings, which are often limited in sex offenders. The following victim harm segment is aimed at identifying the harm, short-term and long-term, inflicted upon victims of sexual

abuse. Thirdly, victim empathy is targeted with the offender being required to explicitly express empathic feelings towards his victim(s).

Even though it is clear that empathy is a critical component in most cognitive behavioural treatment programmes, very little has been done in terms of assessing its effectiveness. Pithers (1994) reported clear gains in empathic ability and decreases in the endorsement of cognitive distortions, as a result of empathy training. However Pithers did not isolate the effects of the empathy component, but rather he determined the effects on empathy from the whole treatment programme. Marshall et al. (1996) found that child sex offenders showed, as a result of the empathy component, clear improvements in their ability to empathise with their victims. Using a person-specific measure of empathy, they also found that empathy was improved with respect to the offender's own victim(s) and other potential victims of sexual abuse.

In summary, empathy is seen as an essential element of the effective treatment programme for sex offenders. It seems evident that given an adequate conception of empathy so that essential processes in empathy are identified (e.g., see model, Marshall et al., 1995), and an adequate measure of the concept, significant improvements can be made in this essential treatment component. However, Hudson et al. (1995) reflect that there is no guarantee that these empathic enhancements will bring about empathy in all sex offenders, nor do they guarantee that when empathic arousal is induced, it will endure. Furthermore, as Marshall et al. (1995, 1996) have noted, the exact nature of empathy deficits in sex offenders is as yet unknown. To accurately assess and enhance empathy in the sex offender it is essential that the true extent and nature of sex offender empathic abilities are known.

The reconceptualisation of empathy and sex offending

The study of empathy deficits in sex offenders has been hindered by the lack of an adequate model of empathy to guide understanding and empirical research. Empathy has been defined in such generic terms that its assessment and subsequent treatment design has been hampered (Marshall et al., 1995; Pithers, 1994). Given the importance of empathy in the theories proposed to account for sexual offending, the next step is to create a model with which empathy can be optimally assessed. This is an essential and necessary step to take, especially given the conceptual difficulties with which empathy is described. As it is likely that empathy is best conceived to be of a multicomponent nature, it is imperative that each of these

components is assessed in sex offenders to identify the specific deficits at each level. It could be that only one component of empathy is lacking, or is suspended by sex offenders, or it may be that offenders are inept at each level.

The four-stage sequential model of empathy conceived by Marshall, Hudson, Jones, & Fernandez (1995) enables an adequate examination of sex offender empathic abilities, specifically in terms of the four stages of empathy. Marshall et al. believe that empathy is best conceived as an information processing model where adequate interpretation of each stage is necessary for progression to the next. It is suggested that sex offenders could have difficulties at any one or all of these stages, either through inability or by being able to suspend their responding to the situation (Marshall, O'Sullivan, & Fernandez, 1996). The four stages that lead to an empathic response are (1) emotional recognition, (2) perspective taking, (3) emotional replication, and (4) response decision.

(1) Emotional recognition

The initial stage suggests that a sex offender must first be aware of, and able to adequately recognise the emotional state(s) of the victim. Without an adequate recognition of a distressed person's emotion states, it is unlikely that the remaining stages of empathy will unfold (Marshall et al., 1995, 1996). Therefore if the sex offender has difficulties at the first stage, then it is unlikely that he will have the capacity to be empathic.

Several studies have examined sex offender abilities in the first stage of this model. Lisak and Ivan (1995) suggested that sex offenders manifest a lower capacity for reading the emotional expression of others. They found, using the Facial Affect Recognition test (Ekman & Oster, 1979), that compared to a control group, rapists made more errors when identifying facial affect. Similarly, Hudson, Marshall, Wales, McDonald, Bakker, & McLean (1993), also used the FAR and found that child sex offender's, compared to other offenders and a community control group, were the least accurate at identifying emotions. In particular, the child molesters had specific problems confusing fear and surprise, and also anger and disgust. Contrary to their expectations, however these relative deficits were to children and adults suggesting a general inability to recognise facial affect.

Lipton, McDonel, and McFall (1987) used a newly developed Test of Reading Affective Cues (TRAC) to assess the cue reading accuracy of adults. They presented

a series of videotaped vignettes depicting heterosexual couples interacting to incarcerated violent and non-violent rapists, and non-violent nonrapists. They found that rapists were significantly deficient at identifying (or misconstrued) primary affective cues from women. In particular, rapists were most clearly deficient when negative mood states were involved, especially in first date situations. Malamuth and Brown (1994) also used videos that depicted women responding to men in different ways. They showed these to a general sample of males and found that self-reported sexually aggressive men lacked the ability to accurately decode women's affect. These men confused friendly behaviour as seductive and assertive behaviour as possibly hostile. Furthermore, McDonel and McFall (1991) found that difficulty identifying women's negative affect correlated highly with the self-reported likelihood of sexually coercive behaviour.

Clearly, sex offenders may have information processing deficits at this first stage that cause them to misconstrue emotional cues. Rapists, child molesters, and sexually aggressive males from the general population have all been found to possess deficits at this stage, so that the affect of women and children is often confused. Therefore, sex offenders, relative to others, may be unable to accurately discern emotions that would evoke empathic arousal, such as fear, disgust, and anger. Presumably any individual who lacks an ability to accurately recognise affect in another person, will be unable to adequately progress through the remaining stages in the empathy model. Indeed, studies that have investigated perspective-taking abilities of sex offenders have found substantial deficits.

(2) Perspective taking

Perspective taking concerns the ability to appreciate the viewpoint of the other person, in order to fully comprehend the emotions observed in the preceding stage. Of the four stages in this model, the perspective-taking stage has been the most amenable to investigation with sex offenders. A number of studies have found that sex offenders have been unable to accurately take the perspective of their victims, and/or women and children.

Hanson and Scott (1995) for example, developed the Empathy for Women Test and the Child Empathy Test to examine perspective taking abilities of both rapists and child molesters respectively. The offenders read vignettes that described various interpersonal situations involving either an adult woman or a child with another person. These vignettes ranged in abusiveness from positive (nonharmful) to

negative (clearly harmful). The sex offenders were required to anticipate how the individual in question was most likely to feel. The child empathy measure did not discriminate between sexual offenders and non-offenders, but child molesters did have offence specific perspective taking deficits. For example, incest offenders made more errors with incest vignettes. Both child molesters and rapists had difficulty taking the perspective of adult women.

Marshall et al. (1994) devised the Victim Empathy Measure, a self-report questionnaire, one aspect of which was designed to measure child molester perspective-taking ability. The measure consisted of three scales intended to assess empathic feelings towards a child accident victim, a child victim of sexual abuse, and the offenders' own victim(s). They administered the test to incarcerated child sex offenders and a demographically matched group of non-offenders. The child sex offenders, relative to non-offenders, were less able to take the perspective of other victims of sexual abuse, and markedly deficient at discerning the perspective of their own victim.

Scully (1988) analysed the perceptions of self and victim held by incarcerated rapists. Specifically, Scully examined the ability of the offenders to view their offending behaviour from the victim's perspective, and their own feelings about their behaviour. The majority of these men reported some degree of awareness of their victims' perspective, usually stating that had they been the victim, they would have felt powerless. Similarly, Phelen (1995) looked at incestuous fathers and their ability to accurately perceive the sexual encounter from the perspective of their daughter. These fathers were unable to cognitively interpret the encounter in a similar way to their daughters. For example, they thought their daughters had enjoyed the experience, initiated it, and they were entitled to sex with their siblings. In complete dissimilarity the daughters did not find the sexual encounter pleasurable.

The inability of sex offenders to see things from their victims' perspective may be facilitated by a number of factors. It may be that the lack of similarity between the victim and the offender may affect the adopting of another's perspective. Presumably the greater the similarity between the sex offender and his victim(s), then the greater the ability to perceive events from the victim's perspective (Marshall et al., 1995). This would occur because greater similarity between the offender and his victim would allow the sex offender to more readily place himself into the victim's position, and perceive the situation from the other's viewpoint. Marshall et al. (1995) suggest that sex offenders who aggress towards one group of victim, either

women or children or both, may be deficient at taking the role of the victims because, at least to the offender, women and children are different from themselves.

It is suggested that perspective taking deficits are facilitated by the cognitive distortions that maintain sexual offending (Hayashino et al., 1995; Ward, Hudson, & Marshall, 1995; Ward, Hudson, Johnston, & Marshall, 1996). Cognitive distortions refer to the self-serving beliefs held by sex offenders that serve to minimise, justify, rationalise, and to deny their behaviour (Abel et al., 1989; Stermac & Segal, 1989). Beliefs that function to minimise the harm to the victim may induce the misinterpretations with regard to the perspective taking abilities of the sex offender. The offender misinterprets the viewpoint of the victim in an expectancy-consistent manner (Ward, Hudson, Johnston, & Marshall, 1996), often misinterpreting nonsexual behaviour as sexual and harmful behaviour as nonharmful. For instance, Stermac and Segal (1989) suggest that child molesters see sexual contact with children as being socially acceptable and not harmful to the child, whereas rapists are more likely to believe traditional sex-role beliefs, that women are responsible for rape (Marolla & Scully, 1988). Therefore deficits at this stage maybe manifest because of the cognitive distortions held by the offender. In this sense distorted thinking may facilitate empathic deficits.

Abel et al. (1989) suggest that perspective taking deficits are part of the sex offenders rationalisations that permit them to continue offending, or to justify their behaviour. Cognitive distortions then may in part arise because of the offenders inability to take the perspective of the victim (Ward, Hudson, Johnston, & Marshall, 1996). Perspective taking deficits therefore follow offending rather than precede them (Marshall et al., 1995). Moreover, child molesters justified their behaviour by seeing the child as responsible for the sexual contact (Murphy, 1990). This certainly suggests that sex offenders were either unable, or suspended their ability to, take the perspective of the victim.

Clearly sex offenders have significant perspective taking deficits. These deficits are significantly evident towards their own victim(s). There are a number of factors that may influence the offenders' ability to see things from their victim's perspective. Similarity between the offender and his victim and the cognitive distortions that justify, minimise, and rationalise offending behaviour may be important to the perspective taking abilities of the sex offender. As sex offenders clearly manifest perspective taking deficits, it is unlikely that they will be able to adequately replicate the emotion of the distressed victim.

(3) Emotional replication

To this point in the empathy model, the offender has been able to recognise the emotional state of the victim, and be able to see the situation from the victim's perspective. The third stage of the model involves the evocation of an emotional response that replicates, or nearly replicates, the emotional state of the victim. It is necessary that this emotional response is readily identifiable as being more appropriate to the victim's situation rather than the offenders. Otherwise, the offender could be simply be projecting an emotion that he assumes is appropriate when in fact he may be inaccurate. On the other hand the offender may be sympathetically aroused, feeling compassion but without self-other differentiation of this emotional state. Of all the stages in the empathy model, this stage has been the subject to the least research.

Clearly, to adequately replicate the emotional state of the victim, the sex offender must be capable of experiencing that emotion. He must have an emotional repertoire that includes the appropriate emotions, which enable him to replicate the observed state (Marshall et al., 1995; Marshall, 1996). It is often suggested that sex offenders may have a limited range of emotional states, or at the least difficulties in correctly labelling their own emotions (Groth, 1979; Marshall et al., 1995; Marshall et al., 1996). Sex offenders are often portrayed as experiencing only negative emotions such as anger and hostility in rapists, and emotions associated with low self-esteem in child sex offenders (Hillbrand, Foster, & Hirt, 1990; Scully, 1988). Importantly, if the sex offender lacks the required emotional range then presumably he will be unable to adequately replicate the emotional state of the victim. Indeed a sex offender who has only a limited emotional range may be unable to recognise the victims emotional state in the first place (stage 1) (Marshall et al., 1995).

A number of researchers have referred to the restricted emotional abilities of sex offenders. Hildebran and Pithers (1989) advocate that sex offenders tend to be emotionally underdeveloped, that is, they lack the ability to recognise certain emotional states. Marshall et al. (1996) maintain that sex offenders generally have difficulty describing and identifying their own feelings and that this impedes their ability to empathise. Furthermore, Ward, Hudson, and Marshall (1995) suggest that during the offence cycle, the sex offender may focus on more proximal goals and thoughts. This results in a lack of emotion, particularly in terms of recognition and expression.

There is a small range of studies that have examined the emotional repertoire of the sex offender and these have been for the most part based on interviews. Scully (1988) for example, reported that the majority of rapists in her study were 'emotionally flat', and experienced only a limited range of emotions. Typically anger, hate and power were the most frequent emotions experienced by the rapists during and immediately after the rape. Certainly none of these rapists experienced the emotions that their victims did at the time of the sexual encounter. A small number of rapists in her sample did, however, report feeling guilt or shame immediately after the rape. This is, though, a sympathetic reaction more appropriate to the rapist's own self-awareness rather than a replication of the victim's feelings.

(4) Response decision

The final stage involves the decision whether to respond in an appropriate manner that will reduce or eliminate the distress induced in the victim. Included in this stage is the formulation and delivery of the empathic response (Ward, Hudson, Johnston, & Marshall, 1996). The offender at this stage may have adequately progressed through the first three stages of the empathy model, but he must choose, while sometimes under the influence of various disinhibitory factors, whether he will suspend or ignore his empathic capabilities in order to continue the offending behaviour.

This decision is at least partly mitigated by various factors that may or may not be present in the offending situation. For example, Marshall and Barbaree (1990) suggest that transitory situational factors may act as disinhibitors for sexual offenders in conjunction with other vulnerabilities. In this sense, these disinhibiting factors may impact on the sex offender's decision on whether or not to act on his empathic feelings. Sex offenders commonly report that alcohol (Barbaree, Marshall, Yates, & Lightfoot, 1983), negative affect such as anger (Rada, 1978; Yates, Barbaree, & Marshall, 1984), and (anticipated) sexual arousal (Malamuth, Haber, & Feshbach, 1980) purposely or inadvertently function as disinhibitors in their offences. These factors may or may not be present in each sexual offence, but if present they may act to inhibit empathic responding by the sex offender.

One mechanism that might assist in inhibiting empathic feelings is self-talk. Porter and Critelli (1994) investigated the disinhibitory-inhibitory valence of self-talk in sexually and nonsexually aggressive men. They found that inhibitory self-talk was

related to low levels of sexual aggression whereas sexually aggressive men by contrast appear to employ self-talk that is more disinhibiting. Porter and Critelli suggest that self-talk may serve as a behavioural suppresser in nonsexually aggressive men, which activates inhibition once sexually aggressive cues are perceived.

To summarise, sex offenders may have difficulties at one, or any, or all of the stages in this reconceptualisation. Importantly, because the model is an unfolding process, difficulties at the early stages will deter accurate responses at following stages. If, for example, sex offenders are unable to adequately recognise and discriminate the emotional states of their victims, then they will be unlikely to accurately take the victim's perspective, and furthermore will be unlikely to experience a vicarious emotional response. In this case, there will be little, or no empathic feelings to act upon. Therefore the offender is likely to continue his offending behaviour.

The identification of distinct steps in the empathic process is meaningful in terms of offender assessment and treatment. Assessment should focus on recognising deficiencies in each stage of the model. These difficulties at certain stages will formulate and guide treatment design and implementation. Treatment is, of course, based on theory and to this end empathy is vitally important in the treatment of the offender. The reconceptualisation proposed by Marshall, Hudson, Jones, and Fernandez (1995) enables a multidimensional approach to empathy, which will better encompass individual and offence type differences. Now, it is necessary to develop assessment that will enable clinicians to measure these individual and typology differences, specifically in terms of the stages of the empathy process.

Generalised empathy deficits

Clearly sex offenders may be deficient in their capacity to experience empathy, but what is not so clear is the extent of the empathy deficits. Is it that sex offenders cannot feel empathic towards anyone, so that their empathic deficits are of a generalised nature? This would suggest that their deficits are a global personality trait that would manifest across different persons, situations and times. Or, is it that sex offenders are specifically unempathic towards selective individuals, such as those who may be subject to (potential) sexual abuse, children for example in the case of child molesters. Even more circumscribed, the deficits may be selective only towards their own victim(s). This issue is pertinent to the assessment and treatment of the sex offender. If empathy deficits exist it is essential to accurately identify the

extent of these deficits if proper assessment procedures and adequate treatment components aimed at identifying and enhancing empathic capacities are to be developed.

Most theorists (Becker, Skinner, & Abel, 1983; Marshall & Barbaree, 1989; Williams & Finklehor, 1990) seem to have suggested that sex offenders are deficient in a generalised empathy that would manifest toward all people, across all situations, and is stable over time. This suggests that sex offenders are globally unempathic individuals lacking in the ability to empathise with anyone in any situation. Obviously this means they are unempathic towards everyone, adults and children alike. This generalised incapacity for empathy towards anyone then, is one of several critical etiological factors that precedes and indeed maintains sexual offending. By virtue of its global nature, this deficit seemingly exists in the sex offender's disposition, therefore allowing sex offenders to be grouped together as unempathic individuals.

Marshall and Barbaree (1989, 1990) suggest that negative childhood learning experiences, particularly insecure attachment bonds with caregivers, may lead to the development of emotional indifference, which in turn leads to an inability to empathise with others. Presumably it is this emotional indifference to events which would be distressing to others that facilitates and maintains empathy deficits of a general nature. Williams and Finklehor (1990) report that incestuous fathers tend have difficulty experiencing general empathy, and that this is due to their low involvement in the child caretaking of their family. This avoidance of childcare and nurturing activities has not allowed an adequate development of empathy capabilities.

Similarly Langevin, Wright, and Handy (1988) note that child sexual offenders must, in general, lack global empathy, while Heath (1985), and Wickes and Madigan (1985), both note that victims usually report that incest child sexual offenders are generally unempathic individuals. Presumably, the victims were able to report on the offender's overall nonsexual behaviours as well but this is not specified. It is, however important to note that the abuse may have affected the child's judgement of the father's general empathic ability. Berkowitz (1983) also noted that incest offenders often reveal a lack of generalised empathy on their Thermatic Apperception Test (TAT) responses. Furthermore, the Hypermasculinity Inventory (HI; Sirkin, 1984) generally predicts low empathy in studies of nonsexual aggression (e.g., Smeaton & Byrne, 1987), however Mosher and Anderson (1986) found that HI

is highly correlated with self-reported likelihood of raping. Therefore, they presume that those who would rape show a lack of generalised empathy.

Until recently, it seems that sex offender treatment programmes have largely focused on enhancing generalised empathy capabilities in sex offenders (Marshall, Hudson, Jones, & Fernandez, 1995). For example, McFarlane (1983), Jenkins-Hall (1989), and Williams and Finklehor (1990) have all emphasised that what should be targeted in the empathy component of sex offenders treatment programmes is a deficit in general empathy. They attempt to enhance the offender's empathic capabilities in terms of a board, non-specific treatment approach that includes persons other than those sexually abused or assaulted. For instance, McFarlane (1983) notes the need to enhance the offender's basic empathy to those who share his or her world, while Jenkins-Hall (1989) notes that sex offenders have a failure of empathy, which presumably implies that this deficit is global.

Yet intuitively, to function adequately in interpersonal situations, sex offenders would be able to show at least minimal empathic ability in certain situations. Indeed, Hoffman (1982) notes that the capacity to empathise is present in almost all adults. This suggests that the ability to feel empathic is present in most individuals, except perhaps for those deemed psychopathic, and/or who suffer from an Antisocial Personality Disorder (Hare, 1985). Psychopathy refers to a blatant disregard for the interests and concerns of others and a tendency to readily violate social doctrines and do so with minimal feelings of empathy or guilt (Hare, 1985). There are sex offenders who score highly on psychopathy measures, particularly those who commit violent and sadistically deviant offences (Serin, 1994 in Marshall et al., 1995). These individuals would feel little if any empathy towards anyone. However, importantly the incidence of psychopathy in sex offenders is low in comparison to other offender groups (Hare, 1991). If sex offenders do in fact have the capacity to be empathic in general situations, their inability to respond empathetically is likely to be selective in some sense, perhaps to children, and is likely to be an ability to suspend empathic capabilities rather than an actual deficit.

Specific empathy deficits

Sex offenders may have more circumscribed empathy deficits restricted to either a class of (potential) victims such as children, or perhaps only towards their own victim(s) (Abel et al., 1989; Hanson & Scott, 1995; Hayashino et al., 1995; Hudson et al., 1993; Marshall et al., 1995; Ward, Hudson, & Marshall, 1995). Rather than

being, in general, deficient in their empathic capabilities, sex offenders could be unempathic only towards their own victims, or other (potential) victims of sexual abuse. They are either devoid of the capability to empathise towards these individuals, or are able to suspend this capacity in order to continue offending. This reasoning has emanated, in part, from the work on cognitive distortions (Ward, Hudson, Johnston, & Marshall, 1996), cognitive deconstruction (Ward, Hudson, & Marshall, 1995), and the descriptive models of the sex offender offence chain (Ward, Louden, Hudson, & Marshall, 1995).

The circumscribed nature of empathy deficits in sex offenders is reflected in the self-serving cognitive distortions that serve to minimise, deny, and justify their offending (Marshall, 1996). For example, sex offenders often observe but distort the distress of their victim and the subsequent consequences of their abuse (Abel, Becker, & Cunningham-Rathner, 1984; Marshall & Barbaree, 1990). In particular sex offenders appear to believe that their offences were socially acceptable and did not harm the victim. Passivity or frightened compliance is seen as further confirmatory evidence that the victim is not harmed (Murphy, 1990). In fact, commonly the victim is seen as enjoying the abuse. Furthermore, it is evident that sex offenders are only distorted in their thinking towards potential victims such as children or women and that these distorted beliefs appear to increase as offending continues (Abel et al., 1984, 1989). These rationalisations allow the sex offender to be selectively unempathic and protect themselves from self-blame, and consequent negative self-attributions such as lowered self-esteem by shifting responsibility to external causes (Hudson, Marshall, Ward, Johnston, & Jones, 1995). In this sense, empathic deficits of the sex offender are limited in scope and extent to the victim, and/or potential victims (e.g., children).

Sex offenders also characteristically fail to consider the long-term consequences of their actions, instead focusing on more proximal short-term gratification. As a consequence they are unlikely to comprehend the distress of the victim, which is a prerequisite for an empathic response (Marshall et al., 1995). However, some offenders may be remorseful afterwards. Importantly, this posits that one's ability to be empathic is selectively deferred or non-existent whilst engaged in the offending process, therefore empathy can be suspended rather than being absent. Ward, Hudson, and Marshall (1995) in their middle-level theoretical explanation of cognitive distortions and affective deficits, propose that sex offenders do this by entering a cognitively deconstructed state, which when taken in context with other

risk factors and vulnerabilities (see Marshall & Barbaree, 1990) both primes and perpetuates offending behaviour.

Cognitive deconstruction (Baumeister, 1991) refers to the narrowing of ones awareness (e.g., avoiding feelings of guilt) to lower levels of meaning in order to escape from the negative implications of self-awareness (e.g., guilt). The offender's self-focus shifts to his proximal goals and physiological sensations such as sexual arousal. Obviously sex is a particularly effective means of reducing self-awareness, as the offender can focus on mere bodily sensations such as the anticipated pleasure of orgasm, with little or no direct control over his behaviour (Gilun & Connor, 1989; Ward, Hudson, & Marshall, 1995). The sex offender is able to disregard any meaningful thought such as the wider implications of the offending behaviour, like the physical, psychological, and emotional harm inflicted upon the victim. This suggests that empathic capacities are suspended during the offence chain leading to, and during, an offence due to the focus on lower level attention rather than higher levels of meaning (feelings of guilt and distress). This focus on proximal goals specific to the process of offending implies a victim-specific empathy deficit or the suspension of empathy rather than a broadly based personality defect or trait (Ward, Hudson, & Marshall, 1995).

Due to our increasing knowledge regarding the mechanisms underlying empathic deficits in sex offenders, treatment programmes that incorporate an empathy component are becoming more focused on enhancing specific empathic abilities. Rather than simply aiming to increase empathy in the sex offender, programmes are more than ever targeting victim-specific empathy deficiencies. For example, Groth, Long, and McFadin (1982) clearly maintained that empathy towards their own victim(s) needs to be installed in sex offenders. Rosen and Hall (1992) also identify "increasing victim empathy" as part of their treatment programme. Similarly Hildebran and Pithers (1989) and Pithers (1994) believe that enhancing victim-specific empathy is an essential first step in their relapse prevention oriented treatment. Jenkins-Hall (1989) view the enhancement of empathy towards sexual abuse victims is an essential component of effective treatment programmes. Clearly contemporary treatment of the sex offender is increasingly addressing specific empathy deficiencies rather than more global deficiencies.

The suggestion that empathy deficits in sex offenders are limited in scope to their own victims, or perhaps also to other (potential) victims is exemplified in recent research. For example Scully (1988) examined the perceptions of incarcerated

rapists of their self and victims after their offending. Over half these rapists indicated that they felt nothing at all for their victim, suggesting that these men lacked victim-specific empathy. Hanson and Scott (1995) examined the perspective-taking abilities of child molesters and based on their findings suggest that empathy deficits are most likely to be specific situational characteristics. Similarly Hayashino, Wurtele, and Klebe (1995) suggest that child molesters do not differ from nonoffenders in their general empathy abilities, but rather child molesters are deficient in their empathy for children. Similarly, Bennett (1985, in Williams & Finklehor, 1990) found that incestuous fathers were empathic towards their wives, but not their daughters.

Marshall, Fernandez, Lightbody, and O'Sullivan (1994) using a new measure specifically examined the extent of empathy deficits in child sex offenders. They presented three different contextual scenarios each representing children in harmful circumstances to offenders and nonoffenders. One scenario involved a child automobile accident victim, another a victim of child sexual abuse, while the third was the offenders own victim. They found that child sex offenders relative to nonoffenders, were less able to discern the emotional state of sexual abuse victims and were as accurate at discerning the accident victim's emotions. Significantly and most importantly, these offenders were clearly deficient at identifying the emotional state of their own victim. This clearly suggests that these child sex offenders lacked the ability to empathise with their own victim(s) and to an extent other victims of sexual abuse. Furthermore, Marshall, O'Sullivan, & Fernandez (1996) used the same measure to assess the empathy abilities of incarcerated child molesters both before and after treatment. They too, found that the child sex offenders displayed a profound lack of empathy towards their own victims relative to the children in other circumstances.

It seems apparent that a lack of victim-specific empathy may be more reflective of the true nature of this characteristic feature of sex offenders. The cognitive distortions that facilitate and maintain a lack of empathy indicate the victim-specific nature of this phenomenon, whilst recent theory (e.g., Ward, Hudson, & Marshall, 1995) also maintains that sex offenders manifest a specific lack of empathy towards either sexual assault victims or only towards their own victim. This is extremely important for the assessment and treatment of the sex offender as it may now be possible to target the distinct areas where these deficiencies manifest.

Victim-specific empathy across the offence chain

It is possible that cognitive distortions and the failure to consider long-term consequences by means of cognitive deconstruction, are two mechanisms that may facilitate victim-specific empathy deficits. These mechanisms are both dynamic and fluctuate throughout the offence cycle of the sexual offender (Ward, Hudson, & Marshall, 1995; Ward, Louden, Hudson, & Marshall, 1995). Intuitively, investigating the temporal stability or instability of empathic ability within the offence chain (Pithers, Martin, & Cumming, 1989; Ward, Louden, Hudson, & Marshall, 1995) is likely to provide a fuller picture of these empathy deficiencies. The question therefore, is whether or not empathy deficits in sex offenders are stable over time, specifically during the offence chain?

Sex offender empathy deficits are almost certainly predominantly specific to their own victim. It is necessary to examine the temporal permanence of empathy towards the victim. Theorists in the past have tended to focus on invariance in empathic behaviour only within the constructs of stable personality traits, whereas it is likely that situational and temporal variables may account for a large proportion of unreliable results (see Hornblow, 1980). This may be another important reason behind the lack of validity and reliability in generalised measures of empathy, particularly in sex offenders where numerous factors appear to conciliate sexual aggression. Generalised measures have not taken into account the varying affective and cognitive states of the sex offender during different stages of his offending behaviour, but rather treat empathy as a stable global trait fixed over time. However, temporal factors may also determine, to some extent, whether or not a sex offender is likely to respond with empathy to the distress of his victim. To examine temporal factors more closely it is necessary to consider the changing cognitive and affective states during the offence chain (Ward, Louden, Hudson, & Marshall, 1995) of the sex offender.

The offence chain refers to a descriptive model of the sequence of cognitive, affective, and behavioural events that form a series of steps leading up to, during and following an offending situation (Pithers, Martin, & Cumming, 1989; Ward, Louden, Hudson, & Marshall, 1995). Ward, Louden, Hudson, and Marshall (1995) using a qualitative approach, identified nine stages that described the temporal process of an offence against a child. At each of these stages, the behavioural and cognitive responses made by the offender to events, persons or situations, and his own self-evaluations determine whether or not he will proceed through the sequence of events

leading to an offence. The nine stages identified are (in order) background factors, distal planning, contact with victim, cognitive restructuring, proximal planning, sexual offence, cognitive restructuring, future resolutions, and finally background factors again. The beginning and ending of the chain signify the cyclic nature of sexually abusive behaviour.

Dysfunctional cognitions are likely to facilitate and manifest empathy deficiencies in sex offenders (Marshall, 1996; Ward, Hudson, & Marshall, 1995; Marshall et al., 1995). Cognitive distortions (Abel et al., 1989) emerge dynamically throughout the offence chain and together with sexual arousal and affective states, may differ to varying degrees at different stages of the offence chain. The beliefs, interpretations, and attitudes that are closely associated with these distortions will vary also (Ward, Louden, Hudson, & Marshall, 1995). Subsequently, empathy towards the victim is also likely to be dynamic, due to its functional closeness to the cognitive distortions prevalent at any given time (Ward et al., 1995). In this sense, victim empathy may not be a stable trait, but rather it may be transitory and reliant on the thinking patterns of the offender at any given time.

In general, the sexual offender may have the empathic capacity necessary to empathise with his potential victim(s). Intuitively, even particularly aggressive child molesters would need to show some general empathy capabilities early in their offending cycle, particularly when endeavouring to "groom" their potential victims. At this stage, a proximal goal of the child sex offender is to gain the trust and confidence of the child. Displaying empathy would certainly aid in this goal. Indeed, Marshall and Barbaree (1990) suggest that nonsexual contact with the victim often includes displaying empathy and other positive emotions in order to gain the trust or friendship of the child. The offender justifies (to himself) this undue attention towards the child by evaluating the child as needy, or if the offender experiences negative affect because of his behaviour (i.e., apprehension, guilt), he will attempt to deny or avoid these feelings. However, from this stage onwards, sexual arousal, fluctuating mood states and a focus on proximal self-serving goals act to block the awareness of the victims feelings and the wrongfulness of the offending behaviours. Subsequently cognitive distortions change dynamically at this point. A change in the perception of the relationship of the child from nonsexual to sexual terms also takes place.

The offender at this stage, may use one of three different seduction foci (Ward, Louden, Hudson, & Marshall., 1995), which affect the nature of the offence. A self-

focus involves egocentric planning where the offender is only concerned about his own needs, perceives the victim as an object who is solely there for the offender's satisfaction. Obviously, empathy for the victim would be totally suspended, probably by means of cognitive deconstruction (Ward, Hudson, & Marshall, 1995). A victim-focus is where the offender thinks the victim's needs are the most important. Here, the offender perceives the victim as the initiator, deriving all the pleasure, and believes the sexual behaviour to be part of a mutual caring relationship. A mutual-focus is associated with mutual satisfaction where the victim is viewed as willing and enjoying the sexual behaviour. Again, the cognitive distortions evident in these two seduction processes suspend awareness of victim distress and empathic feelings.

Following the offence, there are further dynamic changes in offender dysfunction thinking and empathic ability. Those who judged their behaviour negatively tend to feel guilt and remorseful and self-blame. They tend to now acknowledge that their prior thinking was wrong or incorrect, and their perception of their relationship with the victim changes. In other words they elicit some empathy towards the victim and expect not to offend again. However, Ward and his colleagues (1995) suggest that these men may begin to enter the offending cycle because of the abstinence violation effect (Ward, Hudson, & Marshall, 1994). As a consequence of their own negative evaluations these offenders feel worthless, depressed and again slip into offending behaviour in order to lift their mood. Those offenders who judged their behaviour in a more positive way, either by minimising or blaming the victim and other cognitive distortions, continued to show no remorse (empathy) for their victims and are likely to continue offending in the future.

It is suggested that empathy towards the victim may fluctuate over the course of the offence chain. This is due to the dynamics of the cognitive distortions, sexual arousal and fluctuating mood states that influence and maintain the offending behaviour. In this sense, empathy is suspended unconsciously in order to evaluate oneself in a positive manner and to enable a continuance of a focus on rewarding sexual behaviour. However, the empathic abilities of sex offenders have not been assessed at different stages of the offence cycle.

Sex offending and a lack of empathy summary

Sex offenders are thought to suffer from deficits in their capacity to experience empathy, and this is considered important in the development, onset, and particularly

maintenance of their sexual offending. It is therefore no surprise that empathy is commonly seen as a critical factor in the multivariate theories proposed to account for sexual offending. It is also the most used modality in comprehensive sexual offender treatment programmes. Given the importance of this concept, the study of empathy has recently gained in interest. Recently, a new model of the empathic process has been proposed that offers an improved understanding and optimal way to treat the empathy deficits in the sex offender. Specifically, these empathy deficits shown by sex offenders are now commonly assumed to be more circumscribed than first thought. It is now suggested that empathy deficits are victim-specific or at least specific to other victims of sexual aggression and are dynamic over the child molester's offence cycle.

Chapter 3

The Measurement of Empathy

Measuring Empathy

The difficulties inherent in defining and conceptualising empathy have led to a wide variety of measurement procedures that have been used across many contexts. Empathy has been used to describe a wide variety of phenomena, from the cognitive ability to perceive and interpret someone else's affect, to the vicarious matching of another's emotional state (Moore, 1990). There has been so little agreement among researchers regarding the definition of empathy that the development of any coherent instrument of measure has been difficult to achieve (Eisenberg & Farbes, 1990). Clearly the definition utilised in research dictates, in essence, the nature of the measurement instrument.

Measures of empathy have endeavoured to identify empathic abilities in a wide range of different people in quite different circumstances (Marshall, Hudson, Jones, & Fernandez, 1995). Empathy tests have therefore largely measured general empathic abilities implying that empathy is a trait, and generalised to all contexts (Marshall et al., 1993). As it has been shown that empathy is more likely to be situation/person specific and the assessment methods have usually relied on self-report which is subject to substantial bias (Batson, Fultz, & Schoenrade, 1987), it is perhaps understandable that empathy has been a very difficult phenomenon to measure in sex offenders.

In their review of the available literature Chlopan, McCain, Carbonell, and Hagen (1985) noted that many different types of self-report measures have been used. The choice of an empathy measure has depended on the researcher's definition of empathy and the population being assessed. Adult Empathy has been assessed by means of self-report of reactions in experimental situations (Batson, 1986; Coke, Batson, & McDavis, 1978; Fultz et al., 1985), 'other-report' of empathy where one person rates another person's empathy (Strayer, 1983), facial/gesture indices (Eisenberg & Carroll, 1983; Eisenberg & Miller, 1987), physiological indices (Epstein,

1975), and experimental induction (Coke et al., 1978; Davis, 1983b, Fultz et al., 1985).

The most commonly utilised mode of measuring empathy across all populations has been pencil and paper self-report questionnaires, probably because of ease of administration. These self-report questionnaires are invariably diverse in content and global in nature, so as to be of use to a number of populations. Moreover, they are designed to reflect a perspective of empathy thought by the individual researcher to encompass the important elements of an empathic response. Measures of empathy have assessed either cognitive or affective empathic abilities, or have measured a combination of the two. Nevertheless, there tends to be a consistent and positive association (although only moderate) between these questionnaire measures of empathy and prosocial behaviour (Chlopan et al., 1985; Eisenberg & Miller, 1987; Strayer, 1987).

Measures of cognitive empathy

From a cognitive perspective, empathy consists of being able to understand and predict the emotions of others and a willingness and ability to put oneself in another's perspective (role taking) (Strayer, 1987). Clearly, acquiring the capacity to understand another's viewpoint is an important, perhaps essential prerequisite for an empathic response. Initially most measures of empathy were devised to assess the cognitive ability of an individual to put oneself into the observed person's place and observe the world as they do (Hornblow, 1980; Strayer, 1987). Cognitive empathy measures assess an individuals awareness and understanding of a target individual's emotional state and have also focused on role taking, emotional discrimination, and the ability to put oneself into the shoes of another in order to see the world as they do.

The most enduring and popular cognitive measure of empathy is the Hogan Empathy Scale (Hogan, 1969) (Davis, 1994). According to Hogan's conception of empathy, those who are more empathic should be more socially aware and caring about the feelings of others. The 64-item scale assesses role-taking cognitive skills, based on normative composites of high and low empathy groups taken from MMPI responding. The Hogan Empathy Scale has been shown to be moderately satisfactory in terms of its

reliability and validity (Chlopan, McCain, Carbonell, & Hagen, 1985). However contrary to Chlopan et al., Cross and Sharpley (1982) obtained low reliability estimates. Perhaps more importantly the internal consistency was poor. Similarly Johnson, Cheek, and Smither (1983) found that the measure contained four factors: social self-confidence, even-temperedness, sensitivity, and nonconformity. Only one (sensitivity) of which would measure what empathy appears to encompass. In fact several researchers have similar validity concerns, and have implied that the use of the Hogan Empathy Scale has but a tenuous value in assessing empathic ability, especially in (sexually) aggressive individuals (Bush, 1990; Hornblow, 1980; Marshall et al., 1995; Pithers, Martin, & Cumming, 1989).

Nevertheless, Hogan's Empathy Scale has been repeatedly used in the measurement of empathy in sex offenders with mixed results. Chaplin, Rice, and Harris (1995) used Hogan's' Empathy Scale in conjunction with an affective scale to assess the empathic abilities of child sex offenders. They found that child sex offenders furnished significantly lower scores (were less empathic) than community controls. Importantly these offenders were based in the community and not incarcerated. Likewise, Rice, Chaplin, Harris, and Coutts (1994) also used two measures of empathy, including Hogan's measure. They found that rapists self-reported less empathy than nonrapists. Moreover, they found that phallometric deviance scores were significantly negatively correlated with self-reported empathy. Importantly however, Rice et al. (1994) also reported that a substantial number of the rapists met the diagnostic criteria for Antisocial Personality Disorder and exceeded the criteria on Hare's Psychopathy Checklist (Hare, 1985).

Conversely, Marshall and Maric (1994) found no significant differences between child molesters and community controls on the Hogan Empathy Scale. Likewise, Seto (1992) did not find significant differences between rapists and a control group using Hogan's scale. Initially, there were reported differences on the Hogan Empathy Scale but Seto controlled for the significance of education, and these differences dissipated. It is worth noting that Seto's population of rapists were randomly selected from a general prison population and presumedly were unlikely to be psychopathic (Serin, 1994). Importantly, the empathy scores of the sex offenders in the above three studies were all within the range of the normative scores

provided by Hogan (1969, 1975).

The Hogan Empathy Scale appears to be of dubious value to the assessment of empathy in sex offenders. Moreover this measure assesses only a cognitive, role-taking empathic ability of the sex offender, whilst ignoring the affective content of empathy. Subsequently, its only recent use in the area of sexual offending has been as a cohort to other affective measures (Marshall et al., 1995).

Affective measures of empathy

From an affective perspective, empathy is defined as an individual's vicarious emotional response to perceived emotional experiences of others (Goldstein & Michaels, 1985). Consequently instruments that measure this aspect of empathy have emphasised the emotional reactions of the individual to the observed experiences of another person or persons. Affective approaches focus on the individual's conscious experience of emotions. Essentially these instruments measure the ability of the respondent to experience, or at least report, a vicarious (or appropriate) emotional response. In particular they measure the experience of perceived sharing of feelings, at least at the basic affect level (pleasant-unpleasant), to the perceived emotional experiences of others. This approach contrasts with cognitive approaches that focus on social role taking, in particular the willingness and ability to put oneself in another's place.

The most utilised measure of affective empathy has been the Questionnaire Measure of Emotional Empathy (QMEE; Mehrabian & Epstein, 1972). Mehrabian and Epstein developed this 33-item scale after noting what they felt was a lack of an adequate measure of emotional empathy. The respondent is required to answer each question on a 9-point scale that ranges from (-4) very strong disagreement to (4) very strong agreement. Sixteen items require agreement and the remaining seventeen items requires disagreement to be scored as a successful empathic response, so that the total empathy score is the result of summing up the item responses. Mehrabian and Epstein selected their items from a large pool on the basis of (a) an insignificant correlation with a measure of social desirability (Social Desirability Scale, Crowne & Marlowe, 1960), (b) a significant .01 correlation with the total scale score, and (c) content validity based on a

factor analysis of the total item pool.

Chlopan et al. (1985) have reported that the Questionnaire Measure of Emotional Empathy has adequate reliability and validity, although it measures self-reported empathic arousal and possibly even a general tendency to be emotionally aroused in various situations, which is not empathic arousal. Even though it is the most widely used affective measure, numerous studies have failed to support the validity of this measure. For example, Hoppe and Singer (1976), contrary to Mehrabian and Epstein (1972) failed to find any valid differences between aggressive and nonaggressive individuals. Langevin et al. (1988) found the QMEE to have a poor internal consistency (alpha = .59), while Dillard and Hunter (1989) reviewed the use of the QMEE and found it to be construct invalid. Bryant (1982) has reported low short-term reliability, where children were re-tested after one month. Furthermore, Bryant (1982) also found a negative relationship between the QMEE and helping or prosocial behaviour, concluding that the QMEE did not have satisfactory validity. All of these researchers advised against the further use of the QMEE.

Again, even though there has been a prevailing reproach to the use of this instrument, it has been commonly used to investigate presumed empathy deficits in sex offenders. Lisak and Ivan (1995) investigated the empathic abilities of a large sample of students, who were categorised as sexually nonaggressive, sexually coercive, sexually aggressive, or combined aggressive. Using the QMEE they found that compared to nonaggressive men, sexually aggressive men scored lower on the scale, therefore manifesting less empathy. However, this was only when the sexually coercive and sexually aggressive males were combined (increasing the sample size from 16 to 49) to make the combined aggressive category. Therefore the initial results were weak.

Langevin et al. (1988) used the QMEE to assess the empathic abilities of 98 sexual offenders, consisting of incest offenders, extrafamilial offenders, rapists, and exhibitionists. They found no significant difference between these offenders and nonoffending males from the community. Moreover, against expectations they also found no differences between offender type. For example, they had predicted that rapists would be less empathic than child molesters, but there was no evidence to support this. There was also

no significant correlation between empathy and the offender's history of violence. However, they did find that admitters (of their offending behaviour) reported greater empathy than those who denied their sexual offending.

Rice et al. (1994) and Chaplin et al. (1995) both used the QMEE in conjunction with Hogan's more cognitive oriented measure. Rice et al. found no significant self-reported empathic differences between rapists and nonrapists using the Mehrabian and Epstein's measure. Likewise, Chaplin et al. were not able to find any significant differences between community based child molesters and community based controls using the QMEE. Marshall and Maric (1994) also found no differences between child molesters and nonoffenders using the QMEE. Furthermore, Seto (1992) again failed to find any discrimination between rapists and community controls. It seems that apart from Lisak and Ivan (1995), there have been no significant findings between sex offenders and nonsexual offenders on the QMEE. Furthermore, in both the Rice et al. (1994) and Seto (1992) studies, the sex offender scores were again well within the normative scores provided by Mehrabian and Epstein (1972). Importantly, although not noted, the respondents in Lisak and Ivan's study also all scored within the QMEE normative range.

The use of cognitive and affective measures together has emphasised the importance of both cognitive processes and the experiencing of vicarious affect in empathy. Using only one conceptual perspective to assess empathy has proved largely unreliable. Recently, having illustrated the problems with unitary measures, it has been suggested that empathy is best considered a multidimensional phenomenon and that measures should encompass both cognitive and affective elements.

Multidimensional measures of empathy

Multidimensional measures of empathy treat empathy as a multifaceted process that involves different components acting together in some way to produce an empathic response. These measures may assess each of these components separately or together as a total empathy response, thus these measures are able to circumvent the overt problems of unidimensional measures. For example, cognitive measures assess a discretely cognitive

element of empathy and in doing so they fail to consider and measure emotional processes that may either assist or independently lead to an empathic response. The same is true for affective measures, however they ignore the cognitive processing necessary to interpret the emotional state of another person. Conversely, multidimensional measures seek to provide a comprehensive assessment of the cognitive and affective empathic abilities of the respondent.

The most widely used multidimensional measure is the Interpersonal Reactivity Index (IRI, Davis, 1983a) which treats empathy as a set of separate related components, each of which provide measures of dispositional empathic tendencies (Davis, 1994). The IRI comprises of four components, which according to Davis together constitute a global concept of empathy. These four components are; perspective taking (PT), fantasy (FS), empathic concern (EC), and personal distress (PD). Each component consists of seven items. Respondents are required to indicate the degree to which each item describes them by responding on a five-point scale ranging from 0 (does not describe me very well), to 4 (describes me very well). Responses on each subscale are separately summed, with some items being reversed. A subscale score for each component will range from 0 to 28, and a total empathy score from 0 to 112.

Davis (1983a, 1983b) has shown the IRI to be related to both the Hogan Empathy Scale and the QMEE. For example, the perspective taking (cognitive) scale significantly correlates with the Hogan scale ($r = .42$), whereas the fantasy and empathic concern components both were significantly related to the QMEE ($r = .56$ and $r = .63$). These relations are consistent with the multidimensional notion that empathy can be assessed in both cognitive and affective terms. Davis (1980, 1983a) has also found significant relationships among the IRI subscales. Furthermore, he provided data showing the subscales to be reliable and stable across repeated administrations, reporting test-retest reliability ranging from .62 to .71 among the subscales, and internal consistency coefficients ranging from .71 to .77. Davis (1983a, 1994) took these findings to show that the IRI subscales constitute valid measures of four facets of a global empathy. These findings are congruent with a multidimensional approach to empathy.

Due to the ineffectiveness of unidimensional empathy measures, several

studies have attempted to measure a multidimensional concept of empathy in sex offenders using the Interpersonal Reactivity Index. Hayashino et al. (1995) examined cognitive distortions and general empathy in child sex offenders. They acknowledged the multidimensional nature of empathy but used only the perspective-taking and empathic concern components of the IRI, as they were concerned primarily with affective and cognitive elements of empathy. Hayashino et al. issued the IRI to extrafamilial and incestuous child molesters, rapists, incarcerated nonsexual offenders, and a community control group. They found no significant differences between any of the offender and control groups. Furthermore, they failed to find any significant differences between the incestuous and extrafamilial child molester groups. Contrary to expectations there was also no significant correlation between levels of distorted thinking and empathic ability.

Marshall, Jones, Hudson, and McDonald (1993) also suggested that the IRI was the only available empathy measure that adequately examined the complex nature of empathy. They examined the generalised empathic abilities of incarcerated and outpatient child molesters, and a community control group. They found initially that incarcerated child molesters did not differ significantly, as measured by the IRI, from available normative data (from Salter, 1988). However, in their second study Marshall et al. found that community-based child molesters were significantly deficient on the IRI total score compared to matched community controls. Furthermore, the child molesters scored less on the fantasy subscale. They concluded that the outpatient child molesters were the only group to show a generalised empathy deficit, however their scores were not overtly low. Pithers (1994) also have used the IRI to assess sex offender empathic abilities, testing the efficacy of a specialised treatment programme aimed at enhancing empathy. He obtained pre- and post-treatment scores on the IRI from a group of convicted rapists and pedophiles. Post treatment scores on the IRI were significantly improved as a result of treatment.

Contrary to expectations, it seems that the IRI, consistent with the other unidimensional measures of empathy, has not provided an adequate measure of sex offender empathic abilities. When there have been significant findings, often (a notable exception being Pithers), these are not clinically remarkable in terms of their significance. Cognitive, affective, and multidimensional measures of empathy have all failed to clearly find

empathy deficits in sex offenders. It appears the measurement devises have been unable to accurately assess empathy in the sex offender and are not indicative of the true empathic abilities of the respondents.

Instrument significance

Notably, in the majority of studies that have measured empathy in sex offenders, the results have been significantly within the normative data provided either by a control group or by the original measure. Or, when sex offenders have shown lower empathy scores relative to a control group, these deficits are not substantial by clinical standards (Marshall et al., 1995). Sex offender scores on both the Hogan Empathy Scale (Hogan, 1969) and the Questionnaire of Emotional Empathy (Mehrabian & Epstein, 1972) are more often than not very similar to the scores provided by the original validation of the scale. For example, the sex offender scores in both the Rice et al. (1990, 1994) and Seto (1992) studies were very similar to the normative data of both the HES and QMEE scales with both rapists and child sex offenders.

The insignificance of sex offender empathy deficits are even more evident in the studies that have used the Interpersonal Reactivity Index (Davis, 1983a). Marshall et al. (1993), Pithers (1994), Salter (1988), and Bush (1990) all found that sex offender total scores on the IRI were within the range of the normative scores provided by Davis (1983a). This was also evident in each of the subscales. For example, Hayashino, Wurtele, and Klebe (1995), Marshall et al. (1993), and Bush (1990) all found that sex offender scores on perspective taking and empathic concern subscales, in particular, were not discernible from the normative population provided by Davis (1983a).

Evidently, existing empathy measures have failed to adequately differentiate sex offenders from their normative populations. These empathy measures have been used with moderate success with other populations, notably with children (see Chlopan et al., 1985 for a review). Hence the inability to find significant differences between clearly low empathy exhibiting individuals (sex offenders) and individuals who are presumably empathic (community controls) may be due to the nature of the sex offender empathic deficits. The empathy measures are obviously not measuring the true empathic skill

in question. Individuals who score highly on these dispositional empathy measures may very well sexually offend in a fashion devoid of empathy. Clearly this failure is due to the nature of sex offender empathic deficits, in particular the issue of victim-specific deficiencies. The sex offender may be globally empathic, but specifically unempathic towards his victim(s). Dispositional measures of empathy do not access this person or situational specificity.

Problematic in terms of generality

Recently, it has become apparent that empathy deficits in sex offenders may be more victim-specific than has been thought in the past, and that measuring a more circumscribed empathic ability in sex offenders would be beneficial to the assessment and treatment of the offender (Marshall, Hudson, Jones, & Fernandez, 1995). If empathy deficits in sex offenders are victim specific, or at the least class (i.e., women or children) specific, this explains the inability of empathy measures to find significant differences between the sex offender and normal individuals. The measures utilised with sex offenders have reflected the belief that empathy is a trait-like disposition that is consistent across persons, situations, and time (Chlopan et al., 1985; Marshall et al., 1995). This assumes that sex offenders are generally unempathic individuals. However as is now evident, sex offenders may only lack empathy towards their (potential) victims, or at a given time, rather than towards everyone.

Empathy measures have been used with a variety of individuals, in a variety of situations, for a variety of reasons. This is due to the large range of different populations assessed by the same test. These measures have traditionally viewed empathy as a personality trait that is assumed to be displayed across most, if not all, situations and towards most, if not all, persons (Hornblow, 1980). This is reflected by the extent to which very few measures are specific to either person or context. Most empathy measures do not allow for any situational specificity and view empathy as an enduring disposition unmodified by context, when in fact situational or temporal factors may influence the formulation of an empathic response. For instance, respondents are supposed to rate the extent to which the statement "Seeing people cry upsets me" (QMEE, Mehrabian and Epstein, 1972) and "I tend to lose control in emergencies" (IRI, Davis, 1983a) describes them.

Obviously, these statements are very generalised and do not involve situational, temporal, or personal variables that are important in determining empathic responding.

The assumption that empathic abilities are task- and situation- specific has important implications for the measurement of empathy in the sex offender. Rather than attempting to assess empathic ability at a global, generalised level, with all-purpose measures, the focus should be on assessing a sex offender's profile of empathic skills across a limited number of well-defined empathy evoking situations (Marshall et al., 1995, 1996). A lack of empathy towards the victims of sexual aggression is patently more reflective of the most likely and relevant empathic abilities of sex offenders.

In summary, the inability to find empathy deficits in sex offenders may be due to the concept of empathy being confused, and subsequent measurements being too global to identify tangible empathy deficits. From the literature, it seems apparent that sex offenders may be generally empathic individuals who are able to suspend this capacity, or are selectively devoid of empathy when in an offending situation. Therefore in order to obtain more meaningful data about sex offender empathy, measures must incorporate situational, temporal, and person specifics.

Specific empathy measures

The notion that empathy measures need to be specific to circumstance is not altogether new in the sex offender literature. However, the victim specific measures generated have been for subjects other than the offender and have been used to determine the role of observer empathy in mediating appraisals of rape. For instance, Deitz, Blackwell, Daley, and Bentley (1982) constructed the Rape Empathy Scale to measure subjects' empathy toward a rape victim and a rapist in heterosexual rape situations. They presented subjects with 20 paired statements taken from a review of societal attitudes and myths towards rape. Each statement represented extreme empathy towards either the rapist or the victim, and the respondents were required to indicate which statement they preferred and the degree to which they preferred that statement over the other.

Subjects were presented with the scale after reading hypothetical rape

scenarios in which the situation, victim behaviour and attractiveness of the victim were varied. Deitz, Blackwell, Daley, and Bentley (1982) and Wiener, Wiener, and Grisso (1989) both found that Rape Empathy scores were predictive of social perceptions towards the rape victim and rapist and that women have more victim empathy than men. Furthermore, Wiener, Wiener, and Grisso found that scores on the Rape Empathy Scale influenced their processing of information given by witnesses in a rape trial.

Scully (1988) used semi-structured interviews to examine incarcerated rapists' perceptions of their own and their victims' responses to their sexually aggressive behaviour. It was found that 58% of admitting rapists evidenced some awareness of the victim's perspective, and while 54% felt nothing for their victim, it was commonly thought that the victim would have felt ashamed and disgusted. The majority of rapists reported feeling no feelings themselves while raping the woman. Subsequently, Scully reported that rapist empathy for their victims was virtually non-existent, or was able to be suppressed easily.

More recently, sex offender empathy research has focused on empathic deficiencies toward particular individuals and in specific situations. Marshall, Fernandez, Lightbody, and O'Sullivan (1994) have developed the Victim Empathy Measure to assess the victim-specific nature of empathy deficits in child sex offenders. The measure was designed to assess the empathic abilities of child sex offenders in three contexts: (1) Towards children in general, (2) toward children who have been victims of sexual abuse, and (3) towards the offenders' own victims.

It was also intended to assess the perspective taking and emotional replication empathic capabilities of the offender. For each context, the offender is required to indicate on a scale from 0 to 10, the degree (0 = not at all, 10 = very much) to which the child is experiencing each of 31 emotional and behavioural responses (positive and negative). The offender then has to indicate, using the same scale (0 to 10), his own emotional response to each context using 20 emotional responses. The Victim Empathy Measure produces two scores for each child context, the offenders appraisal of what he thought the child was feeling and experiencing and an estimate of what he himself felt when thinking about the child in each situation. Together, the measure involves 50 items for each of the three

scales producing a highest possible score of 500, with higher scores reflecting greater empathy. Marshall et al. (1994) have shown that the internal consistency of the measure (ranging from .79 to .94), and its test-retest reliability were satisfactory (r = .64 to .83).

Marshall et al. also provided support for the validity of the Victim Empathy Scale. They examined the empathic abilities of sixty-five men, including 29 incarcerated child molesters, and 36 community males that formed a control group. They found that child molesters, compared to the control group, were substantially less able to identify the emotional state of victims of sexual abuse, although they were relatively accurate at discerning the emotions experienced by the accident victim. Importantly they were markedly deficient at discerning the emotions that their own victim experienced. The child molesters were also unable to accurately experience the emotions felt by their own victims however they did this adequately with the other two child contexts. These results suggest that child molesters are clearly deficient in empathy towards their own victim(s) and moderately deficient in empathy toward children who had been sexually abused, relative to non-offenders. Importantly, the child molesters did not differ significantly from nonoffenders in terms of their empathy for children in general (an accident victim).

Marshall, O'Sullivan, and Fernandez (1996) further added support for the use of the Victim Empathy Scale as an assessment of the true nature and extent of empathy deficits in child molesters. They examined the pre- and post- treatment scores of twenty-nine incarcerated child molesters at a minimal security institution. The pre-treatment scores of the child molesters were lower than the non-offender control group in the earlier study (Marshall et al., 1994) on the measures assessing empathy towards their own victim(s) and other victims of sexual abuse. However the offenders' scores on the generalised child scale did not differ at either pre- or post-treatment evaluations. It was found that at pre-treatment assessment the child molesters displayed markedly lower empathy towards their own victim, relative to other victims of child sexual abuse. Furthermore, the only empathy to significantly improve with training was the empathy towards the offenders own victim(s). However the empathy component of their programme is victim based in that it concentrates on enhancing empathy towards victims of sexual abuse, with particular emphasis on their

own victim(s).

The Victim Empathy Scale (Marshall et al., 1994) provides a clear indication that empathy deficits in child sex offenders are predominantly specific towards their own victims, and that assessment and treatment of the sex offender should concentrate on measuring empathy towards victims of sexual abuse rather than generalised empathy situations. Marshall et al. (1994, 1995, 1996) have suggested that this measure circumvents the generality problems that have plagued sex offender empathy research to date, but may still be methodologically beset by the problems of self-report.

Problematic in terms of reliance on self-report

The incongruous notion that sex offenders lack empathy towards everyone, in all situations, and the use of global empathy measures has seemingly obscured real empathy deficits in sex offenders. It is also possible that the inconsistent findings to date may in part be a function of methodological weaknesses, in particular the tendency to rely on self-report as the means of assessing empathic abilities.

Self-report questionnaires are generally broad-based personality assessment instruments in which the respondents are asked to indicate from lists of characteristics and traits the ones that are, or to what degree are, self-descriptive. Respondents are also often required to indicate which, of a variety of behaviours or feelings in imaginary situations and hypothetical choices, are characteristic of oneself. Essentially in an empathy self-report instrument, individuals are required to report their own skill or ability in terms of an empathic response. These self-reports are typically obtained by giving respondents a rating questionnaire containing a series of contextual adjectives describing possible cognitive/emotional responses to a situation. Respondents are simply asked to rate the degree to which they experience, or are experiencing, each emotion or thought on unidirectional likert scales. The response required often ranges from "not at all" to "extremely", so that the respondent has to quantify his/her implicit feelings or emotions in terms of the adjectives implied by the instrument.

Several theorists have noted the problematic nature of self-report as a means of assessing empathic abilities (Batson, Fultz, & Shoenrade, 1987; Chlopan

et al., 1985; Eisenberg & Miller, 1987; Goldstein & Michaels, 1985; Ickes, 1993; Ickes, Stinson, Bissonette, & Garcia, 1990; Lane & Schwarz, 1990). It has consistently been found that self-report measures of empathic skills have been disappointingly poor predictors of actual empathic ability (Ickes, Stinson, Bissonette, & Garcia, 1990), especially when respondent behaviour has subsequently been tested, or observed, and found to be different from that reported (see Ickes, 1993). Similarly, researchers in the sex offender area have long deemed self-report a dubious means for gathering data (Marshall, 1996), especially when the offenders are incarcerated or in a position where socially favourable responses will serve to aid their assessment or sentence options.

Evidently, sex offender empathy measures that use self-report scales may be fundamentally flawed. Simply, a sex offender may self-report himself as being empathic, when in fact he is not. Johnston and Ward (1996) suggest that sex offenders may use short cut heuristics, perceived expectancies and beliefs, or well-learned behavioural scripts. In so doing, they are likely to incorrectly label their empathic abilities. For example, sex offenders are likely use confirmatory biases and use different sets of mental heuristics, which tend to over-estimate their abilities (this phenomenon is not only done by sex offenders, we all do this). Secondly, sex offenders are subject to the social desirability biases so prevalent in incarcerated offenders (Hanson & Scott, 1995). Self-report questionnaires, in particular are thus likely to be poor predictors of empathic ability in sex offenders, and accordingly suffer from several fundamental problems.

The first and most fundamental problem with empathy self-report measures is that responding is influenced by salient demand characteristics. The usual approach to the assessment of empathy is to describe affect-evoking circumstances, hypothetical situations and choices, and have the subject rate the degree to which they experience or perceive the choices to be descriptive of themselves (Batson, 1987). Such an approach although useful in many contexts, fails to capture the variability between individuals in both the ability to monitor internal states as well as the organisational complexity of the experience (Lane et al., 1990). Respondent's feelings are in a sense determined and restricted to the emotional descriptors listed in the scale. For example, where the respondent has to quantify the degree to which he or she experiences the emotion in question on an ordinal scale the

degree of differentiation and intensity of the emotion is determined by the measure (Johnson & Ward, 1996). This questions whether individuals who achieve identical scores on a self-report measure might report very different experiences if they could express themselves verbally, or by using different adjectives that those provided by the measure.

Further problems exist due to the obligatory assumptions when self-report scales are used. Firstly, it is assumed that the respondent must know what they are actually feeling, and secondly that they will communicate these feelings (Batson, 1987). It has been suggested that, in general, people lack knowledge regarding their own empathic abilities, tending to overestimate their level of empathic skills (Ickes, 1993; Ickes, Stinson, Bissonette, & Garcia, 1990; Marangori et al., 1993). For an everyday example, most motorists, even those in hospital for a car accident believe themselves to be more skilled than the average driver (Guerin, 1994; Svenson, 1981). Moreover, it seems likely that some respondents, even if they are experiencing some distinct phenomena such as a basic emotion, may lack the appropriate verbal ability to label this. For example, individuals who suffer from alexithymia (Taylor, 1985), who are unable to identify and describe feelings and bodily sensations, are unlikely to adequately communicate their empathic ability through self-report.

Ickes (1993) suggests that people may be unreliable judges of their own empathic ability due to several egocentric reasons. It is possible that individuals rarely seek explicit feedback about their accuracy in inferring other people's thoughts and feelings. For example, rarely would a child molester ask about the victim's feelings or thoughts, but he would rather infer that the sexual encounter was enjoyable for the victim. Moreover, the feedback the individual does receive may be misleading (i.e., passivity and compliance on the part of the victim confirms the sex offenders belief that enjoyment was mutual), or the thoughts and feelings of the other person may be implicit and covert, further serving to reinforce the inaccurate self-perceptions. Individuals may also judge their empathic ability from situations involving their closest friends or family. This is obviously different from their empathy with strangers. Strayer (1987) simply suggests that to the degree that individuals are egocentric, their empathic ability may be impaired. Furthermore, sex offenders are subject to a series of self-serving biases that lead to a likely over-estimation of their own skill level,

particularly in terms of their empathic abilities (Marshall, Hudson, & Ward, 1995).

The second assumption made by researchers adhering to self-report is that the respondent will disclose their true feelings and thoughts. Respondents may not want to communicate their true feelings and behaviours. Instead, through various self-presentation biases (Thomas & Fletcher, 1996) some individuals may want to present themselves in a more favourable manner, such as being more empathic, caring and receptive to others. Sex offenders may not report accurately on empathy measures because of either, or both, of these reasons. It has been suggested that empathy scales may in fact reveal more about how respondents wish to see themselves, and to be seen by others, than about how respondents actually react perceptually and emotionally when confronted by an empathy provoking situation (Batson, Fultz, & Schoenrade, 1987; Fultz et al., 1985). These self-presentation biases are likely to account for a substantial proportion of unreliable and non- valid sex offender responses to self-report empathy measures.

It is well documented that sex offenders have a propensity to succumb to strong socially desirable responses, often due to the pressure to generate acceptable explanations for their actions to aid in their sentencing and parole (see Marshall, 1996). More often than not, the sex offender will attempt to provide answers that are evidently required in order to portray himself as favourably as possible. For instance, a sex offender in an assessment context will commonly discern the content of questionnaires and answer in a manner that he expects will be a favourable (correct) response. A sex offender who is asked by questionnaire to report how he thinks his victim now feels, is likely to assign sadness and anger to the victim, as these are the responses that he assumes the therapist (or parole officer) wants to hear. The offender may not truly feel this way (Hanson & Scott, 1995; Marshall & Barbaree, 1989). Empathy self-report ratings can therefore be seen more as a subjective measure of what the respondent wishes conveyed to the researcher, rather than the objective assessment needed to measure empathy.

Such a large degree of subjectivity has proved problematic, resulting in ratings obtained by processes other than empathy, such as stereotyping and self serving biases (Batson, 1987; Ickes, 1993; Ickes, Stinson, Bissonnette,

& Garcia, 1990; Thomas & Fletcher, 1996). This may one of the primary reasons that there is a general lack of valid self-report measures of sex offender empathy developed to date (for a review, see Chlopan, McCain, Carbonell, & Hagen, 1985). Although individuals may differ reliably in their ability to accurately interpret the thoughts and feelings of others, they may have little insight regarding their own level of empathic skill (Ickes, 1993). Furthermore, self-reports are particularly vulnerable to self-presentation biases where the respondent seeks to present himself in the most favourable context. What is clear from the use of self-report is that there cannot be assumed an equivalence between self-reported empathic ability, and the perspective a person adopts or that person's emotional response when actually confronted with an affect-laden situation where someone is in distress.

Competency-based designs

Researchers face the challenge of how to assess empathy in a way that is devoid of the identified problems of self-report. One promising method has been to have sexual offenders read and interpret vignettes or descriptions of sexual interactions between adults and children or adults males and adult females (Hanson & Scott, 1995; Lipton, McDonel, & McFall, 1987; Stermac & Segal, 1990). This approach enables the measure to focus on empathic ability toward particular people or in specific situations. It also presents information from with which the respondent has to interpret in order to show his true empathic ability (social information processing).

Given that empathy can be seen as a multicomponent concept with four distinct sequential steps (Marshall et al., 1995), and that empathy deficits are almost certainly victim-, or at least class-specific, social information processing is a critical ability enabling empathic responding. The individual must be able to adequately process incoming social information (e.g., stimulus vignettes), in order to recognise the emotional state of the victim, take the victim's perspective, and replicate that emotion in an appropriate empathic manner. The way a sex offender processes the incoming information from his victim is critical to his ability to feel empathy toward the child or woman. Competency-based measures of empathy must assess the sexual offenders' competence at processing this information.

Competency is a general evaluative term that reflects a judgement, on the basis of certain criteria, that an individual's performance on some task is adequate (McFall, 1982). To show empathic ability on a competency-based measure the offender must show empathic ability at each of the stages of empathy to a competent level. This type of measure must provide explicit heuristics as criteria with which to judge whether the offenders' responding is to be labelled competent. Therefore a competency-based measure requires a level of difficulty to be associated with each of the items in the measure. In other words, a competency-based measure is built on difficult items with which the respondents' performance at interpreting the item is evaluated to be adequate, relative to the implicit and explicit criteria.

Hanson and Scott (1995) have suggested that the use of skill or competency-based measures where the respondent has to interpret scenarios is more likely to identify empathy deficits, rather than simply disclosure differences, which are subject to over-estimations of ability. This is because the respondent has to show some level of skill to interpret the scenario correctly. Accordingly, they recently created The Child Empathy Test which consisted of a series of vignettes, arrayed in terms of their abusiveness, where the respondent has to rate how the child would most likely feel in each situation. The items ranged from clearly abusive to clearly nonabusive, however most were ambiguous so that the respondent had to weigh up the various factors involved that might have influenced how the child might have felt. Essentially, this measure assessed the perspective taking ability of child molesters.

Hanson and Scott found that the Child Empathy Test did not significantly differentiate between sex offenders and nonoffenders, however the incest offenders did make more errors on incest items than the other sexual offenders. They concluded that the competency based design of the Child Empathy Test did show significant value as a future means of assessing the competency of sex offenders in terms of their perspective taking abilities. Future effort is needed to design reliable and valid competency based measures of empathy that assess competency at interpreting empathetically arousing situations.

Ambiguity as index of difficulty

To design a measure of empathy where respondent competency is assessed on the basis of explicit criteria, the items must be difficult and require a certain level of skill to respond in a competent fashion. The presentation of various scenarios where the respondent has to interpret the affect of the individual in question is a promising new method of empathy assessment (Hanson & Scott, 1995). Each scenario must therefore be, to some extent, difficult to interpret.

One way of establishing difficulty is to present ambiguous scenarios. Ambiguity, it is suggested, may serve as a particularly useful research tool as it shows the level of information processing by the respondent (Johnston & Ward, 1996). Ambiguous scenarios are open to two or more interpretations, depending on the cognitive operations (such as stereotyping) of the respondent. How an ambiguous situation is interpreted will indicate the respondent's beliefs and processing skills. A very ambiguous vignette will be difficult to interpret correctly, whereas an easy vignette will be rather explicit. Ambiguity in this sense is equivalent to difficulty. The more ambiguous an item, the more difficult it is to interpret correctly as respondents' will rely on mental short cuts (Johnston & Ward, 1996) to interpret the situation. These mental short cuts will often indicate dysfunctional beliefs and heuristics. A test based on ambiguous vignettes would therefore allow discrimination of the varying abilities at recognising and interpreting the affect within each vignette.

Stereotyping, whereby the sex offender harbours relatively fixed over-generalisations, beliefs and attitudes about a social group or class is one such short cut processing available to the sexual offender. For example, the way in which child molesters characterise children as welcoming sexual contact and enjoying the sexual behaviour is indicative of stereotypical information processing. These stereotypes and other mental heuristics such as the use of well-learned sexual behaviour patterns (Johnston & Ward, 1996) guide information processing and judgement and decisions in an expectancy consistent manner, facilitating low empathic responding (Marshall, Ward, & Hudson, 1995).

Sex offenders may interpret circumstances in a manner consistent with that

expected of their stereotypical beliefs, such as the interpretation of a child who is sitting so that his or her underwear is exposed, as an indication of sexual intent. Stereotypical bias is especially prevalent in ambiguous behaviours so that sex offenders often incorrectly process innocent, but particularly ambiguous behaviours, in a stereotypical manner consistent with their expectations (Johnston & Ward, 1996). Therefore in an ambiguous situation it is more likely the sex offender will interpret events incorrectly, such as the belief that a child enjoyed being sexually abused.

Given the inadequacy of self-report, the use of vignettes where ambiguous information is given will presumably activate the dysfunctional cognitive operations that function, at least in part, to suspend any empathy for the victim. Therefore, in order to circumvent the self-presentation biases and the over-estimates of a respondent's own ability, a measure whereby the respondent has to interpret an ambiguous situation, and describe emotional states in his or her own words (thus accessing implicit thoughts and feelings), should portray a true indication of the social information processing skills of the individual.

So, in order to assess the empathy, in a way that attempts to circumvent the bias associated with self-report it is necessary to use affect-laden vignettes involving persons in various circumstances that will evoke empathy from the respondent. Given that ambiguity facilitates higher level thinking and discrimination (due to ambiguity being equivalent to difficulty) these vignettes should be ambiguous in the sense that various factors must be perceived and interpreted in order to understand the situation in the vignette. To access the various skills involved in the empathic process, varying questions could be asked of each vignette that attempt to evaluate skill level in each component of empathy.

For example, a single question could examine only perspective taking or the respondent's emotional replication. Moreover, rather than having the respondent simply rate his skill level, it is imperative to ask the respondent to make explicit his or her implicit thoughts and feelings to fully access the empathic ability, in an open-ended question format. This requires the respondent to access implicit thoughts, articulating these, rather than simply being prompted by scales. The respondent has to show the skill to recognise the affect and verbalise this. Essentially then, the sex offender

has to demonstrate his skill and ability, at recognising emotions, perspective taking, and emotional replication to adequately complete the vignettes. This is of course the nature of empathy as termed by Marshall et al. (1995), that flexibility and skill is needed to understand and interpret incoming social information. Adequate processing of this information leads to an empathic response (or at least the decision whether to act on empathic feelings or not).

Chapter 4

Current Study

Empathy in sex offenders - a summary

Theorists have often noted the importance of empathy deficits in the etiology and treatment of the sex offender, particularly in the development and maintenance of offending behaviour. Sex offenders are commonly thought to be either deficient in their capacity to experience empathy or able to suspend these empathic capabilities to offend. There is, however, confusion regarding the concept of empathy, its measurement, and the extent to which past findings are indicative of the true nature and extent of empathic deficits in the sex offender. Amelioration of this confusion is necessary to allow accurate assessment of the empathic deficiencies of the sex offender.

The initial source of confusion is the definition of empathy. Empathy has been defined as a cognitive process where an understanding of another's affective state is sufficient to be empathic and an affective phenomenon where sharing the observed persons affective experience is necessary to be termed empathic. It has also been defined as multidimensional which suggests that a combination of cognitive and affective processes determine empathic responding. Recently, it has been suggested that empathy can be conceptualised as a sequential social information processing model. This model contains four stages necessary for an empathic response. They are emotional recognition, perspective taking, emotional replication, and response decision.

Another source of confusion pertinent to the assessment and treatment of the sex offender is the exact nature, and the extent of, empathy deficiencies. Traditionally sex offender empathy deficits were assumed to be generalised, suggesting that these deficits are a global personality trait that manifests across different persons, situations, and times. This is reflected in the majority of measures of empathy that are non-specific as to person or context. Recently, it has been argued that sex offender empathy deficits are almost certainly specific to the offending situation, rather than global deficiencies in empathic competence. For instance, it has been

shown that child sex offender empathy deficits are victim specific, and to a certain extent class specific (e.g., other victims of child sexual abuse).

Confusion also exists with the measurement of empathy, particularly in respect to sex offenders. This is not surprising given that there are different definitions of empathy and it seems that instruments have been designed to measure different aspects of the same phenomenon. Some instruments measure the cognitive processes involved, whereas others measure the experiencing of emotion appropriate to the observed person. Still others measure a combination of cognitive and affective processes. It is apparent that when used with sex offenders, these measures are fundamentally flawed in that they examine global empathic abilities and they rely on problematic respondent self-report as a means for measuring emotional reactions. Recently, it has been suggested that the use of competency based measures to assess empathy can alleviate some of the problems associated with self-report instruments. Here the respondent has to show an ability to recognise and interpret the emotions involved in ambiguous situations and respond adequately in order to be deemed competent in this task.

In order to ameliorate the problems identifying the true extent of empathic deficiencies in the sex offender, it is necessary to combine the recent findings that, (1) empathy can be assessed as an information processing model with distinct stages each necessary to an empathic response, that (2) child sex offender empathy deficits are likely to be victim-specific, and that (3) competency based instruments may be the most effective means of assessing true empathic abilities. This combination may prove to be the best method for assessing empathy in the sex offender.

The Aim of this study

The current study has constructed a new measure to examine the empathic abilities of men who sexually offend against children. The measure was developed as a competency based test where respondents had to read and interpret written vignettes that were ambiguous, which depicted social interactions involving children and adults, and determine the most likely emotional state(s) experienced by the person in question. They were asked to detail how they, themselves, felt in response to reading the emotionally arousing vignette. Child sex offender respondents were also required to describe their most recent sexual encounter with a child and identify the emotional state(s) involved, on the part of the child and themselves. An appropriate

criterion and coding sheet was created to establish respondent competency at these empathy-related tasks.

This measure will evaluate social information processing skills, specifically the respondent's ability at each of the first three stages of the four-stage unfolding model of empathy. These abilities are; the awareness of the emotional state of the observed person, the ability to view the world from the observed person's perspective, and the extent to which the respondent experiences the same (or nearly the same) emotional state as the observed person. Child sex offenders may have difficulties at any one or all of these stages.

The measure will also assess whether child sex offenders are deficient in (a) empathy restricted to their own victims, (b) empathy towards other victims of child sexual abuse, or, (c) a global deficit, characterised by lowered empathy toward all people and situations. It is likely that the child sex offenders may have particular empathic skills deficits in one, two, or all of these environmental categories. However if there are no empathic deficiencies, it may be that child sex offenders are able to suspend their empathic capabilities, by simply ignoring their empathy-oriented feelings.

It is acknowledged that victim specific empathy deficits need not be stable. Behavioural, cognitive and affective states can change dynamically over the offence cycle. Empathic abilities may also change dynamically over these time frames. Two stages of the offence cycle appear particularly relevant to the empathic abilities of the offender; the actual sexual offence, and immediately following the offence. Cognitive and affective states at these stages may alter affecting the empathic capacity of the offender. The measure will evaluate victim specific empathic abilities in terms of these two stages of the offence cycle.

In summary, this study assesses the collective empathic abilities of a group of child sex offenders, relative to a community control group. Moreover, the developed measure allows an accurate evaluation of the actual empathic capabilities of the child sex offender, both in terms of empathy as a social information processing model and the more circumscribed nature of empathy deficits. Due to its circumvention of problems traditionally associated with self-report, the measure has considerable promise for application in clinical settings to assess the empathic abilities of the individual child sex offender. It is hoped that the measure will substantiate the recent findings regarding the victim-specific nature of empathy deficits, validate the

use of a social information processing model of empathy to identify specific difficulties, and prove the worth of a competency based measure to assess empathy.

Hypotheses for current study

There are three types of hypotheses. Those based on the dynamics of empathy during the offence cycle, those based on recent research findings that used self-report questionnaires and found victim-specific empathy deficits in child sex offenders, and hypotheses based on a model of the empathic process that has yet to be assessed fully.

Relating to empathy during the offence cycle

Section 1. Relating to the stages involved in the offence chain (victim specific empathy)

It is hypothesised that the empathic abilities of the child sex offender may differ over the two offence-specific stages of the offence cycle; the actual sexual encounter, and immediately following the sexual encounter.

Hypothesis 1.
There is a significant difference in the level of emotional awareness exhibited during the actual sexual encounter and immediately following the encounter. Specifically it is hypothesised that there will be a greater level of emotional awareness (recognition) exhibited immediately following the sexual encounter.

Hypothesis 2.
There is a significant difference in child sex offender perspective taking abilities between the actual sexual encounter and immediately following the encounter. Child sex offenders will be significantly more able to take the perspective of their victim immediately following the sexual encounter.

Hypothesis 3.
There is a significant difference in the amount of emotional replication shown during the actual sexual encounter and immediately following the sexual encounter. Child sex offenders will be significantly more able to replicate the emotion(s) of their victim immediately following the sexual encounter.

Predictions based on recent sex offender and empathy research findings

Section 2. Relating to the extent of empathic deficits

Hypothesis 4.
It is predicted that the empathy deficits of child sex offenders will be limited to and more specifically directed to their own victim(s).

Hypothesis 5.
It is predicted that child sex offenders will be equally able to show empathy towards other (potential) victims of sexual abuse and other general empathy evoking situations.

Hypothesis 6.
It is predicted that child sex offenders and non-offenders will equally be able to show empathy towards other (potential) sexual abuse victims and general situations

Exploratory hypotheses based on empathy model

Section 3. Relating to stages of empathic response

Hypothesis 7.
Levels of Emotional awareness are significantly different when the child sex offender is confronted with victim specific, non-specific sexual, and general everyday situations. Specifically, it is predicted that there will be lower levels of emotional awareness towards their own victim.

Hypothesis 8.
Perspective taking ability is significantly different when the child sex offender is confronted with victim specific, non-specific sexual, and general everyday situations. It is hypothesised that perspective taking abilities will be appreciatively deficient towards their own victim.

Hypothesis 9.
There is a significant difference in the ability of the child sex offender to experience the emotional state of another person when confronted with victim specific, non-

specific sexual, and general situations. It is expected that the emotional replication ability of the child sex offender is significantly lower towards their own victim.

Chapter 5

Method

Materials

Overview of the Emotional Apperception Test

The Emotional Apperception Test is a new competency based measure of empathy, constructed to assess the empathic abilities of men who sexually offend against children. The test consists of offence specific questions that assess empathic ability over four distinct stages of the offence cycle (section A), and twenty ambiguous vignettes that represent situations involving other (potential) victims of sexual abuse and more general emotion-evoking situations (section B). There are two open-ended questions accompanying each vignette, which are designed to access the different information processing abilities necessary for an empathic response.

The Emotional Apperception Test presents written vignettes that are designed to be evoke emotional arousal in the respondent. These vignettes are constructed to represent different situational contexts important in discerning the empathic difficulties in the child sex offender. Assessment of empathic ability is accessed through the respondent being required to recognise and interpret the emotional states elicited by the individuals within the vignettes, and recognising his own emotional state evoked by the vignettes. Empathic competency is judged on how similar respondents' recognition and interpretation of the vignettes are to an optimal highly empathic response defined by an expert sample.

PILOT STUDY - The Emotional Reactivity Index (see appendices 1)

Design

A pilot study was constructed to develop the optimal emotion-evoking vignettes for section B. Vignettes consisted of: (a) child-adult sexual interactions that varied considerably in terms of the degree of harmfulness (non-specific sexual abuse), and (b) general everyday adult-adult, adult-child interactions (general). Most of the vignettes were ambiguous, and interpretation required consideration of the relative importance of various influencing factors. For example, the age, gender, and relationship of the two persons involved in each vignette were varied to encompass a wide assortment of situations. In each scenario, there were two individuals involved but the stories were constructed so that the perspective of only one individual was considered. The pilot study was therefore principally an exercise in perspective-taking (stage 2 in the empathy model).

The objective for the respondents' in The Emotional Reactivity Index was to give their best judgement as to how the individual in question was most likely feeling in each situation. They were instructed to carefully consider the various factors involved in each situation. For example, respondents were made aware that the age, gender, and relationship of the individuals changed with each vignette. They were also instructed that there were no right or wrong answers and that what was required was their best judgement based on the factors involved in each situation. The respondents were required to determine on an innocuous 7-point scale ranging from (1) very harmful or upset, to (7) very good, happy, cheerful how the individual in question was most likely to feel in the given situation. This scale was modelled on the scale Hanson and Scott (1995) used in their Child Empathy Test.

Twenty-five vignettes were generated for both the non-specific sexual abuse and general environmental categories. There were fifty vignettes in total, each randomly assigned a number from 1-50. From these vignettes, it was envisaged that the ten most ambiguous non-specific sexual abuse and general vignettes would be identified for inclusion in the Emotional Apperception Test. As ambiguity equates to

difficulty, the most ambiguous vignettes will be those that the respondents in the pilot study found the most difficult to interpret. Ambiguity was denoted by a large range of responses as to how the person in question was most likely feeling. For example, a range of 6 (1-7) signified that some individuals thought that the person was most likely feeling 'very good, happy, and cheerful', whereas others thought the person was 'very upset, unhappy, or scared'.

Implementation and Evaluation

The Emotional Reactivity Index was administered to 90 stage 1 University of Canterbury students who volunteered to participate. Five respondents either withdrew their participation or did not complete the questionnaire. These questionnaires were discarded. The 85 respondent's ranged in age from 17 to 52 years of age, with a mean age of 22.4 years (SD = 7.35). There were 32 males (38%) and 53 females (62%).

Vignette ambiguity was found by examining the distributions of the cumulative responses to each question.. It was decided that the standard deviations of each vignette would adequately discern the variability of the responses to each vignette. For example, vignette 7 (non-specific sexual abuse) returned an average response of 4.66, with a standard deviation of 1.55. This was the highest variance within the non-specific sexual abuse vignettes. Therefore, it is assumed that because this question provided the greatest dispersion of responses, it was the most difficult to interpret. The ten vignettes that displayed the highest variances in each environmental category, were used to construct section B of the Emotional Apperception Test.

Sources of Bias

Respondent demographic details were examined in order to identify possible bias. Gender and age were two significant demographic details that could have affected the way in which subjects responded (Kline, 1986). Omitting any significant gender correlations was considered appropriate as females have responded significantly more empathetically to disposition measures of empathy in the literature (Davis,

1994). However, it is suggested that a substantial proportion of observed sex differences in these measures are due to self-presentation biases commonly presented due to sex-role norms (Lennon & Eisenberg, 1987).

It was also thought necessary to disregard any significant age correlations, as age has also been found to affect empathic responding (Lennon & Eisenberg, 1987). However, it seems that age has only been important in the development of empathy and Hoffman (1984) has argued that all adults should be endowed with the necessary cognitive skills to adequately empathise with others. Still, it was felt that significant age and gender correlations were best omitted from the measure as to avoid all possible sources of bias.

Five vignettes were significantly affected by the age of the respondents. One of these was a non-specific sexual abuse item, whereas four were from the general items. For example, the older the respondent, the more harmful vignette 14 was seen as being ($r = -.22$). Nine vignettes were significantly affected by the gender of the respondent, seven of these being non-specific sexual abuse vignettes. For example, females perceived vignette 32 as being significantly more harmful than males ($r = -.44$). Gender and age correlations were still significant when the extreme outliers (especially for age) were removed. It is also important to note that because of the large size of the sample in this analysis, correlations as low as .22 were significant, however all vignettes that were significantly affected by either age or gender were at this point removed from consideration.

The Emotional Apperception Test (EAT) (see appendices 2)

Structure

The Emotional Apperception Test for sex offenders consists of twenty-four vignettes in total. There are four vignettes based on the offenders' most recent offending behaviour (section A), and twenty vignettes that were created in the Emotional Reactivity Index, comprising of non-specific sexual abuse and general situations (section B). The respondent is required to answer two questions for each vignette.

In section A, the child sex offender is presented with four questions that correspond to various stages during his most recent sexual encounter with a child. The offender is asked to think about the events directly leading up to the sexual encounter, the actual sexual encounter, the events that immediately followed the encounter, and his current feelings towards the sexual encounter. Firstly, for each time period, the offender is asked to describe, in his own words, the events that were taking place (creating the vignettes). This is to facilitate the offender's emotional arousal and act as a prompt as to the thoughts and feelings involved during the offence behaviour.

The offender is required to judge how the child was most likely feeling at each of these times. The offender then describes his own feelings and thoughts at each time period. These descriptions are in an open-ended format, as to enable the child sex offender to make explicit his implicit feelings without the constriction of forced-choice (Fife-Shaw, 1995).

In section B, the offender is presented with the twenty ambiguous vignettes based on either general or non-specific sexual abuse emotion-evoking situations. These vignettes vary indiscriminately in that the age, gender, and the relationship of the two individuals is different in each vignette. Each vignette is essentially an ambiguous scenario requiring interpretation of the various factors involved. Again, the offender is required to indicate how he thinks the individual in question is most likely feeling. The second question for each time period requires the offender to express how this makes him feel.

Competency-based Design

In order to circumvent the problems inherent in self-reported empathy measures, the Emotional Apperception Test assesses the empathic competency of the respondent in various empathy-evoking situations. The term, competency, is important to the design and development of the test. Competency is a general evaluative term that reflects a judgement that an individual's performance on some task is adequate, relative to certain criteria (McFall, 1990). The two most meaningful components of competency in this case, are that an evaluation is made with reference to a set of

explicit criteria and that evaluations are task-specific. The empathic skills at each stage are the specific abilities required to perform competently at the task. This implies that it is possible for an incompetent (unempathic) person to have some, but not all of the skills required for performing competently (empathetically). For example, an individual who is able to take another's perspective, but who is unable to experience a similar emotion in response, is unable to empathise with the observed person. Implicitly, an individual who performs competently (with empathy) has all of the required skills to do so.

To assess empathic competency, it is necessary to judge the respondent on a specific task. The task for the respondent in the Emotional Apperception Test is to interpret the information contained in the vignettes, and recognise and comprehend the emotional states involved. These emotional states relate to those elicited by the individuals in each vignette, and those evoked in the respondent after reading the vignette. The respondent has to make explicit, his internal thoughts and feelings otherwise inaccessible to others by means of an open-ended format.

This is an important concept behind the competency-based design of the test. In comparison to likert scales or lists of adjectives, there is an unlimited domain of response alternatives. Rather than simply presenting the offender with a choice of responses, (which in a sense may create artificial forced choices) an open-ended competency based design requires the offender to show his ability in articulating what he is feeling or thinks the person in question is feeling. Scales simply do not allow this.

Criteria for distinguishing a competent response

It is necessary for a competency-based test to establish an adequate and explicit set of criteria, from which respondent competency can be ascertained. The criterion for discerning a competent response in the Emotional Apperception Test is based on the 'highly empathic' or optimal response. The highly empathic answer becomes the standard against which the respondent is judged. A similar response indicates a high level of the empathic skill involved, whereas a dissimilar response indicates a low level of empathic skill.

A sample of psychological "experts" created the highly empathic response. It was felt that this group of individuals would provide highly empathic judgements to the vignettes that would shape the optimal responses (criteria). Psychotherapists have long been considered highly empathic individuals. This is partly through their extensive training in dealing with and interpreting the thoughts and emotional states of a variety of people, and partly because of the traditional psychological belief that therapists need a high capacity for empathy (Rogers, 1951; Katz, 1963). Indeed, it has been found that therapists score highly on all empathy measures (see Davis, 1994). For example, therapists have scored above the normative groups for the Hogan Empathy Scale (Hogan, 1969), the Questionnaire Measure of Emotional Empathy (Mehrabian & Epstein, 1972), and the Interpersonal Reactivity Index (Davis, 1983a) (Eisenberg & Strayer, 1987). Because of the high empathic capacity shown on all empathy measures, it was felt that the assumption that psychological experts would provide highly empathic responses to construct the criteria was justified.

Twenty-five psychological 'experts' were invited to participate. Collectively, they formed the Training Committee for the Clinical Psychology Diploma at the University of Canterbury. They were invited to participate by post and sent Section B of the Emotional Apperception Test and an information sheet detailing the nature of the study. Responding was confidential and the experts were guaranteed complete anonymity. Twenty experts volunteered to participate, replying by post. The psychological 'expert' sample had a combined work experience of 149 years (mean = 7.5 years) and worked in a variety of psychological fields, ranging from eating disorders, brain injury and rehabilitation, to forensic psychology.

Section B. Non-specific sexual abuse and Generalised vignettes

The cumulative responses of the 'expert' sample were used to construct the appropriate criteria for each vignette in section B. The expert sample provided a large list of emotional descriptors for each vignette. 'Experts' responded with various descriptions of thoughts and feelings, describing negative and positive affect. Moreover, statements often also acknowledged probable emotional responding,

bodily sensations and action. Importantly, only emotional descriptors were included in the criteria lists.

In order to establish an optimal or highly empathic response, it was essential that the experts furnish a narrow range of emotional descriptors for each vignette. The salient assumption here is that 'experts' would be similarly highly empathic and respond appropriately so. Over all the experts responded similarly to all vignettes apart from vignette 9. Presumably, this vignette was so ambiguous as to even prove difficult for the highly empathic 'experts' to provide a narrow range of answers. Question 9 was subsequently dropped from the EAT.

The first step in creating a workable criterion was to collapse the wide range of emotional descriptors into broad basic affect descriptors. The author and supervisor congruently categorised diffuse emotional descriptors from the extensive lists. For example, "puzzled, uncertain, surprised, bewildered" were categorised as *'confusion'*, while "scared, frightened, threatened, worried, anxious" were collapsed into a boarder *'fearful'* descriptor. Broad categories of appropriate emotional descriptors were ascertained for each question and reflected either positive or negative emotional states. Table 1 shows the resulting perspective taking criteria table that was created by categorising expert responding into basic emotional descriptors.

Table 1.

The perspective taking criteria for section B of the Emotional Apperception Test as generated by the expert sample

Question Number	Negative Affect	Positive Affect
Q1	Apprehensive Fearful Angry Embarrassed	
Q2	Confused Uncomfortable Fearful	
Q3	Confused Fearful Guilty Revolted	
Q4	Sad Reflective	Proud
Q5		Comforted Happy
Q6	Confused Fearful Uncomfortable Curious	
Q7	Disappointed Angry Hurt	
Q8	Angry	Relieved
Q9	?	?
Q10	Unappreciated Hurt Disappointed Untrusted	
Q11		Relieved
Q12	Angry Hurt	
Q13	Confused Hurt	Relieved
Q14		Concerned Guilty
Q15	Disappointed Hurt	Pleased
Q16	Uncomfortable (physically) Confused Uncomfortable (mentally)	
Q17		Safe Relaxed
Q18	Confused Fearful	
Q19	Guilty Conflicted	Relieved Pleased
Q20	Confused	Cared for Happy

Section A. Offence specific vignettes

There is no explicit criterion set for section A. It is necessary that independent raters congruently assess the empathic competency of the respondent in terms of adequate recognition and interpretation of the probable emotional state(s) of the child victim. An instruction sheet was created for both raters to endeavour to develop consistency (see appendices 3).

Establishing a criterion for victim specific vignettes is problematic due to the individual nature of the offending situation and behaviour. Obviously, there is no existing vignette detailing the sexual behaviour with the child, from which the most likely child emotional state(s) could be judged. It was necessary then, to have each sex offender detail his most recent sexual encounter with a child. From this description, a vignette is created that the child sex offender interprets in terms of the emotional state(s) involved. This vignette however, is likely to be subject to the child sex offender's bias representation of the events that took place. For example, the child sex offender may minimise the extent to which sexual offending took place, or he may apportion overestimated blame on other factors or persons. However, it is the recognition and interpretation of the affective states involved that are relevant to the Emotional Apperception Test.

Measuring responses to the Emotional Apperception Test

Three stages of the empathy model (Marshall et al., 1995) were measured: (1) the respondent's level of emotional awareness, (2) their perspective taking ability, and (3)) their ability to replicate the emotional state of the individual in question (relative to the standardised criteria developed using the expert sample).

1. Level of Emotional Awareness

The standardised structural criterion used in the Levels of Emotional Awareness Scale (LEAS) (Lane & Schwartz, 1987; Lane, Quinlan, Schwartz, Walker, & Zeitlin, 1990) was used in determining offender levels of emotional awareness (see appendices 4). The LEAS is based on a cognitive-developmental model of the

organisation of emotional experience. This model was created to provide an organising framework for understanding individual differences in the experience and expression of emotion. Emotional awareness is a type of cognitive processing that can be arranged into five levels depending on ability. These five levels represent the level of emotional awareness based on cognitive interpretations of external information presented. The LEAS has high inter-rater reliability (.84) and significantly correlates with other measures of emotion, for example negatively with the Marlowe-Crown Scale (Crown & Marlowe, 1960), and positively with The Openness To Experience Inventory (Coan, 1972). The LEAS also shows high discriminant validity, correlating poorly with emotional quality scales, for example The Differential Emotions Scale (Izard, 1972).

The LEAS can be used in a competency-based measure to assess the emotional ability of the respondent in terms of awareness of emotional states. Emotional awareness in this sense is a good measure of the ability of the respondent to recognise emotional states. The higher the cognitive ability to process incoming affect information and subsequent emotional awareness, the better the respondent is at recognising emotions.

Specifically, Lane and Schwarz (1987) propose that the experience of emotion can be organised into five distinct levels, which are reflected in the verbal descriptions of emotion. The first level of emotional awareness is the ability to describe bodily sensations. If there is a conscious awareness of emotion only at this level, it is global undifferentiated arousal and consists of bodily sensations only. This level (score 0) is for non-emotion responses where the word "feel" is used to describe a thought rather than a feeling. Secondly, a score of 1 reflects an awareness of physiological cues, for example, "I'd feel tired".

The second level of emotional awareness consists of action tendencies and/or global hedonic states, where the awareness of another person as a separate individual is minimal. This level scores 2, consisting of words that are typically used to convey relatively undifferentiated emotion, for example, "I'd feel bad", or the use of the word *feel* to convey an action tendency, for example "I'd feel like banging his head against the wall". The third level (score 3) consists of single emotions, whereby the

quality of emotion changes such that it becomes a psychological as well as somatic experience. Invariably, responses at this level involve the use of one word conveying typical, differentiated emotion (e.g., *happy, sad, angry*). The fourth level consists of blends of emotion where the individual is aware of concurrent opposing emotions, so that two or more level 3 words are used that convey greater emotional differentiation than either word alone. Level 4 (score of 4) involves the description of more complex and differentiated emotional states and is scored if the emotions for the self and other could be differentiated from one another.

An emotional awareness score is assigned to both questions for each vignette. The respondent is assigned a score of 0-4, according to the structured characteristics of each level (appendices 3), for the answer to the 'How is the person in question most likely feeling' (other), and the 'How does this make you feel' (self) questions. In addition, a third "total" score was given equal to the higher of these two scores, except in cases where both other and self received Level 4 scores. Under these circumstances, a total score of 5 was given if the emotions for self and other could be differentiated from one other. Only results of the total scores were used in the EAT.

2. Perspective Taking

Perspective taking involves comprehending the situation involved within each vignette from the other person's perspective. Respondent descriptions of the emotion(s) most likely felt by the individual within each vignette were used to ascertain perspective taking skills. For instance the respondent was asked, 'How is Peter most likely to feel'? The respondent has to articulate his best judgement as to how the individual is most likely feeling, specifically in terms of his/her emotional state(s). It is the emotional content described by the respondent as being most applicable for the individual under the vignette circumstances, that is assessed as perspective taking content.

On the basis of empathic accuracy research rationale (Ickes, 1993; Ickes et al., 1990; Marangoni, Garcia, Ickes, & Teng, 1995), the computation of perspective taking ability requires similarity judgements to be made by trained, independent raters. In section A, the raters compare the responses to each question and then subjectively

judge whether the respondent has adequately taken the "most likely" perspective of the child. "Most likely", is defined upon the basis of the two independent raters agreeing on the child's probable emotional state at each of the offence stages. A semi-structured instruction sheet was provided for each rater detailing the rationale for perspective taking scoring (see appendices 3). In section B, the raters compute perspective taking scores by comparing respondents' articulated responses to each question with the corresponding question criteria (see Table 1) and structured instructions (see appendices 3). The task of the independent raters is to compare the written content of each question with the corresponding criteria (expert responding) that consisted of a series of emotional descriptors for each vignette based on the general mood (i.e., positive or negative).

Modelled on a paradigm by Ickes (1993), the raters have to judge the similarity of each pair on a 3-point scale ranging from 0 (*essentially different content*) through 1 (*similar but not the same content*) to 2 (*essentially the same content*). For an example of empathy accuracy judgement at all three levels of similarity, see Table 2. This procedure has been used in several studies with high inter-rater reliability. In studies using six independent raters to make the similarity judgements, the internal consistency of the raters' judgements was high (.94 in the study by Ickes, Stinson, Bissonette, & Garcia, 1990, and .95 in the study by Stinson & Ickes, 1992). In a study using only four independent raters, the internal consistency was only slightly lower at .85 (Marangoni, Garcia, Ickes, & Teng, 1993). This suggests that perspective-taking can be measured reliably with the procedure described.

A semi-structured instruction sheet was also created to aid in coding criteria, so that coding was in accord with the criteria table and the corresponding instruction sheet (see appendices 3). Several guidelines were created that both explained and simplified certain areas of coding that could be confused. Firstly, and importantly, confusion is a cognitive state that is frequency mistakenly labelled as an emotion (see Strongman, 1992 for discussion). However it is also commonly assumed that victims of sexual aggression are often in a confused state, especially children or those that do not fully comprehend of the situation. Evidently, 'confusion' was identified by the 'expert' sample as being a particularly salient (affective) state in several vignettes. It was always however stated as being in conjunction with other

affect states such as fear or disgust. A response that only stated confusion as the most likely feeling of the person in question scored only a 1, whereas in comparison if other emotional descriptors were also stated then a maximum score (2) was possible.

Table 2.

Sample of independent rater scoring with expert generated criteria (Question 7)

Expert Criteria Response	Respondents articulated response	Empathy rating (min = 0, max = 2)
Disappointed	Happy and joyful	0
	Anxious but ok	1
	pissed off, hurt	2

Another potential source of confusion for the independent raters was the combined affective states in the criteria table. For example, when both positive and negative emotions were identified by the 'expert' sample as being the most likely affective states. This signifies either different viewpoints taken depending on extraneous factors, or it signifies that a conflicted or combined emotional state was evident. The instruction sheet detailed the appropriate scoring for these combined affective states and other nebulous areas of coding. Also, for certain questions, the criteria table labelled three or four appropriate emotional descriptors. For example, the criteria for Q7 lists three emotional states; disappointed, angry, hurt. A maximum score was given if one of these states was clearly identified.

3. Emotional replication

Emotional replication refers to the extent to which the respondent has shared the emotional experience of the individual observed. Respondent ability is accessed by asking the if they, themselves, feel any emotion in response to reading the vignette and labelling the individual's emotion. A high ability of emotional replication skill is shown when the respondents report that they feel the same or similar affect as the

expert criteria for each vignette. It is important to reiterate that the empathic process, as outlined by Marshall et al. (1995) is sequential. If the respondent is unable to adequately take the perspective of the individual in question, it is therefore unlikely that they can replicate the appropriate emotional state.

An important consideration is the degree to which the emotion elicited by the respondent matches the observed individuals'. In other words, does the emotional replication have to be identical or merely similar in valance? Most empathy researchers now agree that the emotions reported for the self and the individual in the vignette need only be similar and not necessarily identical (Marshall et al., 1995; Strayer, 1987; Thompson, 1987). The EAT assesses the extent to which the emotional state indicated is merely similar to the criteria.

To assess emotional replication skills in section A, the independent raters have to assess the degree to which the offender felt in a similar manner as the child. This is based on the offender's description of the emotional states that the child was most likely experiencing. The task of the independent raters in section B is to compare the written content of each question (i.e., How does this make you feel?) with the expert criteria (see table 2). So, the respondent has a score for the congruence between the criteria labelling the appropriate perspective of the child in question, and his subsequent own affect state(s) in response to interpreting the vignette. Again, the raters have to judge the similarity of each pair on a 3-point scale ranging from 0 (*essentially different content*) through 1 (*similar but not the same content*) to 2 (*essentially the same content*) (Ickes, 1993) using the criteria established by the expert sample.

Again, guidelines for emotional replication coding were detailed in the form of an instruction sheet (see appendix 3.). The most likely difficulty in coding was an appropriate emotional response to the situation that is not congruent with the perspective of the individual in question. Emotional replication refers to the ability of the respondent to accurately express a similar emotion as that expressed by the individual in question. Rather than simply responding in an aroused state (such as anger or disgust), the respondent has to essentially reproduce the individual's affect. For instance, if the respondent identified confusion and disgust as the most likely

affective states of the person in question, however the respondent himself felt angry and violent, then this is an example of emotional arousal rather than an empathic response. There is no adequate self-other differentiation shown in terms of the affective states. Consequently this response scored 0.

Summary

Three stages of the empathy model and an empathy total score are measured by the Emotional Apperception Test. The test can be coded according to the emotional awareness, perspective taking, and emotional replication criteria. Each respondent receives a score from 0-5 for their level of emotional awareness, a score from 0-2 for their level of perspective taking, and a score of 0-2 for their emotional replication, for each vignette. An empathy total is scored 0-4, based on the combined scores of the perspective taking and emotional replication scores. Obviously higher scores reflect a greater ability at each level.

Scores at each stage of the empathic process and a total score may be averaged to denote the respondent's respective score for each of the three environmental categories (victim specific [actual sexual encounter, immediately after encounter], non-specific sexual abuse, and general). This gives an impression of respondent ability at each stage of empathy, in comparison to the others. Thus, the Emotional Apperception Test can identify specific empathy skill deficits in the child sex offender. It may also be used to compare the empathic abilities of the child sex offender with other populations, such as non-offenders or other offender types.

Subjects

Child Sex offenders

Twenty-one incarcerated male child sex offenders were invited to participate in this study. All participants were in the assessment phase of the Kia Marama Sex Offender Treatment Program (Hudson, Marshall, Ward, Johnston, & Jones 1995) at Rolleston Prison, Christchurch, or were awaiting entry into the program, and none had undergone sexual offending treatment before. Kia Marama is a specialised

psychological therapy unit occupying one of five separate units of Rolleston Prison. Sex offenders are accepted from prisons from the South Island and the lower half of the North Island.

The Kia Marama program is designed to reduce recidivism amongst men who have sexually offended against children (Hudson, Marshall, Ward, Johnston, & Jones 1995). The intake of referred offenders is based on Kia Marama criteria for acceptance where:

- The offender has committed one or more sexual offences against children or young persons under 16 years of age (e.g., indecent assault, sexual violation, incest).

- The offender is fully informed about, and voluntarily consents to enter, the treatment program. Volunteers exhibiting varying degrees of denial are not excluded.

- The term of imprisonment is of sufficient length to permit completion of the 8 month program prior to the earliest possible release date.

- The offender is not intellectually disabled, but has sufficient ability to comprehend and participate in the treatment program (literacy is not a requirement).

- The offender is currently free of any major psychotic disorders.

- The offender does not require maximum security containment.

A prospective subject pool was drafted based on the group composition update. Kia Marama currently housed 56 child sex offenders either undergoing or awaiting treatment. Thirty-one offenders were either awaiting or undergoing the initial assessment period of the treatment program. Each of these offenders was invited to participate.

Community Control Group

Twenty individuals volunteered to participate in this study. All participants volunteered on the basis of advertisements placed around the University of Canterbury and at the Riccarton Branch (Christchurch) of the New Zealand Employment Service. The volunteers consisted of 7 who were currently employed, 10 who were unemployed, and 3 were students seeking employment.

Procedures

Child Sex offenders

All testing was conducted in an interview room within the Kia Marama Therapy Unit between 9 am and 4 pm. The offenders were individually summoned to the therapy unit between these hours. The researcher, a 24 year-old male post-graduate psychology student presented a standardised information sheet and consent form detailing the study, the tasks involved and the participants' rights, to each offender individually. It was stressed that participation was strictly voluntary and that participation could be withdrawn at any time. Moreover, it was clearly communicated that no benefits related to their incarceration or the prison process would be accrued by an offender for participation in this project and that prison records would be made accessible to the researcher. Consent from each individual was obtained in writing. The researcher was present within the room to aid with test responding. This predominantly was in terms of spelling, questions regarding the test content, requests for a break and so forth. The EAT commonly took between 45 minutes and 2 hours depending on the offender.

Control Group

All volunteers were given detailed information informing them of the nature of the study and of their informed consent. Responding was carried out in an office at the University of Canterbury with the researcher present in the room. At completion, each volunteer was debriefed and paid $7 for their participation.

Chapter 6

Results

Individual details

Community control group

The twenty community volunteers consisted of 7 men who were currently employed, 9 who were unemployed, and 4 who were students seeking employment. Their mean age was 29.7 years (*SD* = 10.67, range 17-58 years).

Child sex offenders

Twenty incarcerated male child sex offenders volunteered to participate in this study. Their mean age was 41.9 years (*SD* =12, range 24-61 years). Eighteen identified themselves as Caucasian, two as being Maori.

The twenty child sex offenders had been convicted of a variety of child sexual offences under the New Zealand Crimes Act, ranging from sexual violation and indecent assault, to inducing an indecent act. Their mean sentence length, excluding one offender who was on preventative detention, was 4.1 years (*SD* = 1.9, range 1 year 9 months to 8 years 6 months). The mean estimated number of victims was 2.1 (*SD* = 2.05, range 1-8) and twelve of the men had offended against female children, six against male children, and two had offended against both female and male children. Nine men had offended against related children, ranging from their own daughter or son to their sister, while eleven had offended against unrelated children, only one of which was unknown to the offender. Victim ages ranged from 3 to 16 years, and the degree of intrusion ranged from inappropriate touching to anal and/or vaginal intercourse.

Emotional Apperception Test results (I)

Reliability

There were two measures of Emotional Apperception Test reliability. Two studies were conducted to examine the self-consistency of the items in the Emotional Apperception Test. Coefficient Alpha (Cronbach, 1971) and item-total correlations were the estimates of reliability performed to produce reliability scores. The first study of internal consistency used both child sex offenders and non-offenders, measuring section B of the EAT. The second study used only child sex offenders to test the internal reliability of section A.

Internal consistency

The first set of analyses examined the internal consistency of section B of the Emotional Apperception Test on the child sex offender (n=20) and non-offender (n=20) data. Only non-specific sexual and generalised situational categories were measured. Table 3 shows the internal reliability properties of each situational category as measured by Cronbach's Alpha and item-total correlations. The Total for each empathy stage represents the combined total of the two situational categories; general and non-specific sexual.

The internal reliability for emotional awareness was adequate, except for non-specific sexual items where reliability was only moderate (alpha = .69) according to the minium stated satisfying figure of test reliability (Guildford, 1956; Kline, 1986) which is .70. None of the non-specific sexual items, if deleted, increased the overall reliability above .70. The item-total correlations were only moderately satisfactory, showing that items generally correlated significantly with respect to the other items. Items averaged .17, .26, and .36, which are (apart from non-specific sexual items) over the specified ideal correlation level of .2 for average item-total correlations identified by Nunnally (1978).

Table 3. Section B internal consistency properties

Situational category	Alpha	Item-total correlations	
		mean	range
Emotional awareness			
Generalised	**.86**	**.36**	**(.44 -.65)**
Non-specific sex	**.69**	**.17**	**(.10 -.56)**
Total	**.88**	**.26**	**(.24 -.72)**
Perspective-taking			
Generalised	**.72**	**.24**	**(.18 -.56)**
Non-specific sex	**.63**	**.17**	**(.20 -.45)**
Total	**.77**	**.18**	**(.12 -.55)**
Emotional replication			
Generalised	**.81**	**.26**	**(.29 -.73)**
Non-specific sex	**.72**	**.23**	**(.19 -.61)**
Total	**.84**	**.21**	**(.17 -.65)**

The internal reliability for perspective-taking was again moderately satisfactory, yielding alpha's of .72 for the generalised items, .77 for the combination of non-specific sexual and generalised items, but only an alpha score of .63 for the non-specific sexual items alone. None of these items, if deleted, increased the overall reliability above .70. Again, item-total correlations for the perspective-taking items were only satisfactory (means of .17, .18, and .24).

Emotional replication items were consistent at .81 for the general items, .72 the non-specific sexual items, and .84 for the combination of the two categories. Item-total correlations were similarly satisfactory (means of .26, .23, and .21), showing that emotional replication scoring of the items correlated significantly with the emotional replication total score.

It was also necessary to investigate the reliability of the child sex offenders independent of the non-offenders to include the victim-specific questions in section A. Table 4 shows the internal reliability properties of the Emotional Apperception

Test including section A, which includes victim-specific items, using the child sex offenders only.

Table 4. Section A internal consistency properties

Situational category	Alpha	Item-total correlations	
		average	range
Emotional awareness Total	**.88**	**.26**	**(.09 - .69)**
Perspective-taking Total	**.78**	**.15**	**(.13 - .53)**
Emotional replication Total	**.37**	**.03**	**(-.13 - .51)**

The Total for each empathy stage represents four situational categories; general, non-specific sexual, the actual sexual encounter, and immediately following the encounter. The internal reliability for emotional awareness was .88 (no significant change), while the average item-total correlation was .26 (no change). Perspective-taking reliability was .78 (a change of .01) and the average item-total correlation was .15 (a decrease of .03). The inclusion of the victim-specific questions did not appear to influence the internal reliability of emotional awareness and perspective-taking stages. However, the emotional replication internal reliability was very low, only .37 (a change of .47) for the child sex offenders. Similarly, the average item-total correlation significantly decreased from .21 to a low .03. This suggests that the victim-specific vignettes decreased the internal reliability of the emotional replication scoring markedly.

Inter-rater reliability

The author and supervisor, acting as independent raters, both scored the Emotional Apperception Test. The inter-rater reliability was very high at .94. This suggests

that the EAT can be scored very consistently with the procedure previously described (see method). It also suggests that the two independent raters used essentially the same criteria when judging the similarity between the subject's responding and the criteria as set by the sample of psychological 'experts'.

Demographic Influences

Age

Table 5 displays the relationship of age to each of the environmental categories. The salient finding is that all correlations are inverted, signifying that the older the respondent the less empathic ability. However, there were only three significant relationships (see Table 5). At the emotional awareness stage, there was a significant negative correlation between age and generalised situations ($r = -.35$). The older the respondent the less emotional awareness shown in the generalised scenarios. There was also a significant relationship between age and non-specific situations at both perspective-taking ($r = -.48$) and emotional replication ($r = -.49$) stages. The older the respondent the less ability was shown in these respective stages.

Due to the significance age effects, it was decided to conduct a further analysis of the data using age as a covariate. One way analyses of covariance (ANCOVA's) were performed on each of the following ten hypotheses to control for the significance of age. There were no significant differences in the outcomes for each of the hypotheses. Having age as a covarient did not significantly alter any of the following analyses of variance.

Table 5. The relationship of age and emotional awareness, perspective taking, and emotional replication abilities across each of the situational categories (Child sex offenders and non-offenders)

	Age
Emotional awareness	
Non-specific sexual	**-.30**
Generalised	**-.35 ***
Actual sexual	**-.44**
Immediately following	**-.03**
Perspective-taking	
Non-specific sexual	**-.48 ***
Generalised	**-.31**
Actual sexual	**-.29**
Immediately following	**-.25**
Emotional replication	
Non-specific sexual	**-.49 ***
Generalised	**-.15**
Actual sexual	**-.03**
Immediately following	**-.11**

* significant at $p<.05$

Due to the significance age effects, it was decided to conduct a further analysis of the data using age as a covariate. One way analyses of covariance (ANCOVA's) were performed on each of the following ten hypotheses to control for the significance of age. There were no significant differences in the outcomes for each of the hypotheses. Having age as a covarient did not significantly alter any of the following analyses of variance.

Other demographics

Victim age, victim number, gender of victim, and relationship to the victim, were also tested in terms of their relationships with each of the empathic stages. There

were no significant correlations with ability at any of the empathic stages or situational cateogories. However, as a precaution, despite the fact that correlational analyses did not reveal any significant relationships, all hypotheses were again tested using each of these demographic details as covariates. There were no significant differences in the outcomes for each of the hypotheses. The results were the same as those revealed by the each of the following analyses.

Emotional Apperception Test results (II)

Results are presented in three broad sections, the first consisting of hypotheses based on empathy within the offence cycle of the child sex offender. The second section is based on recent research findings concerning empathic deficiencies in child sex offenders relative to community control groups, while the third section consists of exploratory hypotheses based on the reconceptualised model of the empathic process. All data were subjected to repeated measures analyses of variance and post hoc multiple comparisons using the Tukey Test (Keppel, 1991).

Section 1. Relating to the stages involved in the offence chain

It is recognised that the empathic abilities of the child sex offender need not be stable over the offence chain, due to the dynamic nature of the affective and cognitive processes involved. The contention is that empathic abilities may be deficient during the actual offence relative to immediately after the offence. To test this notion, one way analyses of variance were performed.

Hypotheses 1.

There is a significant difference in the level of emotional awareness exhibited during the actual sexual encounter and immediately following the sexual encounter. Specifically, it is hypothesised that there will be a greater level of emotional awareness exhibited immediately following the sexual encounter.

For the actual sexual encounter the child sex offenders' obtained a mean emotional awareness of 2.65 (*SD* = 1.46). A mean of 3.2 (*SD* = 1.23) was obtained for

emotional awareness immediately following the sexual encounter. There was no significant difference between the two groups, F (1, 19) = 2.26, n.s.

Hypotheses 2.

There is a significant difference in child sex offender perspective-taking abilities between the actual sexual encounter and immediately following the sexual encounter. Child sex offenders will be appreciatively more able to take the perspective of the victim immediately following the sexual encounter.

The child sex offenders' obtained mean perspective-taking scores of 0.75 (*SD* = 0.91) for the actual sexual encounter and 0.75 (*SD* = 0.85) immediately following the sexual encounter. There was no significant difference between the two groups, F (1, 19) = 0, n.s.

Hypotheses 3.

There is a significant difference in the amount of emotional replication shown during the actual sexual encounter and immediately following the sexual encounter. Child sex offenders will be significantly more able to replicate the emotional state(s) of their victim(s) immediately following the sexual encounter.

An emotional replication mean of 0.3 (*SD* = 0.73) was obtained by the child sex offenders' during the actual encounter and a mean of 0.35 (*SD* = 0.75) immediately following the sexual encounter. There was no significant difference between the two groups, F (1, 19) = 0.11, n.s.

Implications of offence chain results

There were no significant differences in any of the stages of the empathic process for the child sex offenders, between the actual sexual encounter and immediately following the sexual encounter with the child. The empathic abilities were therefore stable across these two stages of the empathic process. In future hypotheses, victim-specific empathy will be referred to as 'during and immediately after the sexual encounter', however only the actual sexual encounter results will be referred to.

Section 2. Concerning the extent of empathy deficits in child sex offenders

Hypotheses 4:

It is predicted that the empathy deficits of child sex offenders will be limited to and more specifically directed towards their own victim(s).

The mean total (perspective-taking and emotional replication scores) empathy scores for the child sex offenders and non-offenders for each of the different situational categories are presented in table 6. A set of one way ANOVA's were performed on the total empathy scores for the two victim-specific categories (actual sexual encounter and immediately following the encounter) in comparison to the total non-specific sexual and total generalised variables.

Total empathy towards the child sex offenders' own most recent victim **during, and immediately after, the actual encounter** was compared to total empathy shown towards the **non-specific sexual** situations. There was a significant difference between groups, $F(1, 19) = 50.56$, $p < .0001$.

Similarly, it was tested as to whether total empathy towards the child sex offenders' own victim **during, and immediately after, the actual sexual encounter** was significantly less than total empathy shown towards the **generalised** empathy evoking situations. There were significant differences between both groups, $F(1, 19) = 52.05$, $p < .00001$, during and immediately after the sexual encounter. Offenders were significantly less able to show empathy towards their own victim compared to generalised and non-specific sexual abuse situations.

Table 6. Mean total empathy scores across the different situational categories

	Total empathy score averages	
	Child sex offender	**Non-offenders**
Generalised	**1.91 (.53)**	**2.55 (.76)**
Non-specific sexual	**1.81 (.64)**	**2.71 (.55)**
Victim-specific-Actual encounter	**0.53 (.74)**	
Immediately after encounter	**0.55 (.72)**	

Hypotheses 5:

It is predicted that child sex offenders will be equally able to show empathy towards other (potential) victims of sexual abuse and other general empathy evoking situations.

It was tested as to whether there was any difference in **non-specific** total empathy and **generalised** total empathy. There was no significant difference between the two groups, F (1, 19) = 0.56, n.s. As predicted, child sex offenders were equally able to show empathy towards other potential victims of sexual abuse and general empathy evoking situations.

Hypotheses 6.

It is predicted that child sex offenders and non-offenders will equally be able to show empathy towards other (potential) sexual abuse victims and general situations.

Table 6 shows the mean total empathy scores for the child sex offenders and the non-offenders for non-specific sexual abuse and generalised categories. A set of one way ANOVA's were carried out to discern whether child sex offender TOTAL **non-**

specific sexual abuse empathy (mean = 1.81, *SD* = .64) was significantly different from non-offender TOTAL **non-specific sexual abuse** (mean = 2. 71, *SD* =.55) empathy. An ANOVA was similarly performed to test whether child sex offender TOTAL **generalised** empathy (mean = 1.91, *SD* = .53) was significantly different from non-offender TOTAL **generalised** empathy (mean = 2.55, *SD* =.76).

Contrary to predictions, there was a significant difference between each group. Child sex offenders displayed significantly less empathy towards the non-specific sexual abuse scenarios than did the non-offenders, $F(1, 38) = 17.6$, $p < .001$. Similarly, child sex offenders showed less empathy towards generalised scenarios than did non-offenders, $F(1, 38) = 9.35$, $p < .01$.

Section 3. Exploratory hypotheses based on empathy reconceptualisation

Empathy deficits in terms of the empathic process

Empathic deficits may be present at one, or all, of the stages needed for an empathic response. Child sex offenders may have difficulties in emotional awareness, taking the perspective of another person, or experiencing a similar emotion in response. Conversely, they may be deficient at all of these stages. However, they may have difficulties at a particular stage only in certain situations, such as towards their own victim, or other (potential) victims, or to everyone in most circumstances. It is contented that as empathy deficits are significantly directed towards the child sex offenders' own victim(s), there may be empathy difficulties at a particular stage, or stages, only towards their own victims. Table 7 shows child sex offender mean scores for each stage of the empathic process across each of the situational categories.

Table 7. Mean child sex offender emotional awareness, perspective taking, and emotional replication scores in each situational category

	Emotional awareness	Perspective taking	Emotional replication
Generalised	**2.95 (.61)**	**1.38 (.42)**	**.55 (.20)**
Non-specific sexual	**2.72 (.55)**	**1.22 (.38)**	**.60 (.40)**
Victim-specific			
(actual)	**2.65 (1.46)**	**0.75 (.91)**	**.30 (.73)**
(immediately)	**3.20 (1.24)**	**0.75 (.85)**	**.35 (.75)**

Hypothesis 7.

Levels of emotional awareness are significantly different when the child sex offender is confronted with victim-specific, non-specific sexual, or general everyday situations. Specifically, it is predicted that there will be lower levels of emotional awareness exhibited towards their own victim.

A one way ANOVA was performed to test whether the emotional awareness shown towards own victim **during, and immediately after, the actual encounter**, was significantly different from the emotional awareness shown towards **non-specific sexual** and **generalised** empathy situations. Table 7 displays the mean scores for emotional awareness across the different environmental situations. There were no significant differences between these situations, $F(3, 57) = 1.66$, n.s, indicating that there was no discrimination in the ability of the child sex offenders' to be aware of the emotional states of the different individuals.

Hypotheses 8.

Perspective-taking ability is significantly different when the child sex offender is confronted with victim-specific, non-specific sexual or general everyday situations.

It is hypothesised that perspective-taking abilities will be significantly deficient towards their own victim.

It was necessary to determine whether perspective-taking abilities differed towards own victim **during, and immediately after, the actual encounter**, and **non-specific sexual** and **generalised** empathy situations. Figure 1 indicates the perspective-taking means of the child sex offenders across the different environmental situations. The means obtained were 1.38 (*SD* = 0.42) for the general situations, 1.22 (*SD* = 0.38) for the non-specific sexual situations, and 0.75 (*SD* = 0.91) for during, and immediately following, the sexual encounter. The differences between these means were highly significant, $F(3, 57) = 6.73$, $p < .001$.

A post hoc comparison using the Tukey Test (Keppel, 1991) revealed a significant difference between perspective-taking scores towards the child sex offenders' own victim and perspective-taking scores towards the general situations ($p<.01$). The post hoc comparison showed no significant difference between own victim and non-specific perspective-taking scores. Similarly, non-specific perspective-taking scores did not differ significantly from general perspective-taking scores. Evidently, child sex offendersare markedly less able to take the perspective of their own victims, particularly in comparison with more generalised empathy situations.

Hypotheses 9.
There is a significant difference in the ability of the child sex offender to experience the emotional state of another person when the child sex offender is confronted with victim-specific, non-specific sexual, or general everyday situations. It is expected that the emotional replication ability of the child sex offender is significantly lower towards his own victim

A one way ANOVA was conducted to examine whether the emotional replication expressed was significantly different towards **own victim during and immediately after the actual encounter, non-specific sexual situations,** and **generalised** situations. The means obtained for the three situational categories were 0.30 (*SD* = 0.74) for the actual sexual encounter, 0.60 (*SD* = 0.36) for the non-specific sexual abuse situations, and 0.55 (*SD* = 0.20) for the generalised situations. The group

difference was not significant, F (3, 57) = 1.63, n.s. Therefore, contrary to expectations, the child sex offenders were equally able to experience the emotions of the observed person across all environmental categories.

Hypotheses 10.

Child sex offenders will be less able to recognise emotional states, take another's perspective, and experience a vicarious emotional state, relative to non-offenders.

Table 8 shows the non-offender mean scores for each stage of the empathy process across non-specific sexual and generalised situations.

Table 8. Mean non-offender emotional awareness, perspective taking, and emotional replication scores in each situational category

	Emotional awareness	Perspective taking	Emotional replication
Generalised	**3.30 (.75)**	**1.78 (.24)**	**.86 (.67)**
Non-specific sexual	**2.72 (.53)**	**1.56 (.33)**	**1.18 (.47)**

A one way ANOVA was performed to compare the emotional awareness abilities of the child sex offenders and the non-offenders. There was no significant difference between the two groups, for the **generalised** situations, F (1, 38) = 2.53, n.. s., or the **non-specific sexual** abuse situations, F(1, 38) = .00, n.s. There was no difference in the emotional awareness ability between child sex offenders and non-offenders.

Similarly, a one way ANOVA was used to determine whether child sex offenders were significantly less able to take the perspective of another person, relative to the non-offenders. The mean perspective-taking score obtained by the sex offenders for the **non-specific sexual** abuse situations was 1.22 (*SD* = .38) (see Table 7), whereas the mean for the non-offenders was 1.56 (*SD* = .33). For the **generalised** situations, the child sex offenders obtained a mean of 1.38 *(SD* = .42), the non-offenders a mean

of 1.78 (*SD* = .24). The child sex offenders were significantly less able to take the perspective of persons in both, **non-specific sexual** abuse situations, F (1, 38) = 9.41, p< .01, and **general** situations, F (1, 38) = 13.63, p< .001

The emotional replication abilities of the child sex offenders and the non-offenders were also compared using a set of one way ANOVA's. Child sex offenders' had a mean emotional replication score of 0.60 (*SD* = 0.36) on the **non-specific sexual** items, whereas the non-offenders' produced a mean score of 1.18 (*SD* = .47). The difference between these means was significant, F (1, 38) = 19.11, p< .0001. Evidently, the child sex offenders were less able to adequately replicate the non-specific sexual individuals' emotional states than the non-offenders'.

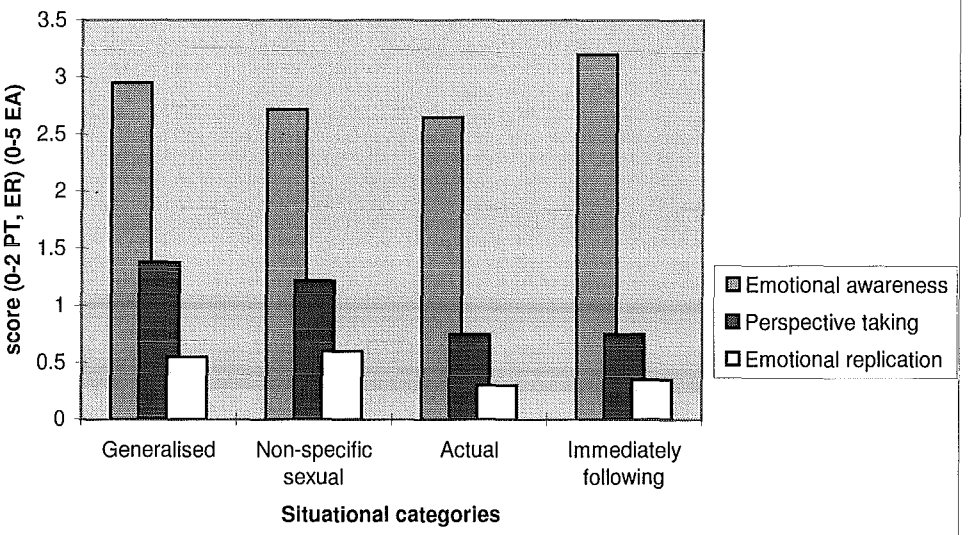
Child sex offenders had a mean emotional replication score of 0.55 (*SD* = 0.20) on the **generalised** items, whereas the non-offenders' had a mean of 0.86 (*SD* =.67). These means proved not to be significant, F (1, 38) = 3.98, n.s. Child sex offenders therefore were equally able to replicate the emotional state of individuals in general empathy evoking situations, as non-offenders.

Hypothesis 11.

Child sex offender perspective-taking and emotional replication abilities will be significantly different across the victim-specific, non-specific sexual, and generalised situations.

Hypothesis 11 was generated upon concluding that the emotional replication abilities of the child sex offender appear minimal across all situational categories. Similarly, the sex offenders appear to show significantly less ability to experience a vicarious emotional state relative to their ability to perspective take. Figure 1 graphically illustrates that the **emotional replication** abilities of the child sex offender appear significantly lower than their respective **perspective-taking** abilities.

Figure 1. Child sex offender scores in each stage of empathic model across all situational categories



A set of one way ANOVA's was performed to test whether the differences between these means were significant. Emotional replication scores were significantly less than perspective-taking scores across all environmental categories. Emotional replication scores were significantly lower in non-specific sexual situations, $F(1, 19) = 53.46$, $p < .00001$, in generalised situations, $F(1, 19) = 95.47$, $p < .00001$, and during the actual sexual encounter, $F(1, 19) = 7.03$, $p < .05$. It is evident that child sex offenders are markedly deficient in their ability to experience a congruent emotion to that of the observed person across a variety of situations.

Chapter 6

Discussion

Methodological

A psychometric measure may be described as a good test if it has certain characteristics. Psychometric measures need to be consistent (reliable) and must measure what they are purported to measure (validity). Both of these attributes are essential to the development of precise and accurate measurement instruments (Kline, 1986). The Emotional Apperception Test is newly developed and therefore untested in terms of its consistency and validity.

Importance of reliability

In the construction of psychometric instruments high reliability is an essential attribute, for the obvious reason that if part of a test is measuring a variable, then the other parts, if not consistent with it, cannot be measuring that variable (Guildford, 1956; Nunnally, 1978; Kline, 1986). In psychometrics, reliability has two distinct meanings. One refers to test stability over time, the second to internal consistency.

Reliability over time

Due to the time constraints of the study, the consistency of the Emotional Apperception Test was unable to be tested over time. The child sex offender respondents were all either awaiting entry into, or were currently undergoing, the assessment phase of the Kia Marama Sex Offender Treatment Program (Hudson, Marshall, Ward, Johnston, & Jones, 1995). Since all child sex offenders were entering the program, one aim of which is to increase empathy, it was not possible to re-administer the EAT. This is particularly important considering treatment effects would enhance empathic ability and that at least a three-month period is recommended for a reliable estimate of test-retest reliability (Nunnally, 1978; Kline, 1986, 1993).

Internal reliability

Scoring the EAT required two independent raters to make subjective ratings for each question, based on an explicit set of criteria and instructions. Inter-rater reliability determined the consistency with which the two raters scored the EAT questions. The inter-rater reliability was very high, at .94, suggesting that the criteria set enabled the raters to independently yet consistently score each question. Moreover, high inter-rater reliability suggests that the independent raters consistently scored according to the procedure adapted for the EAT.

Coefficient Alpha (Cronbach, 1971) was calculated to produce an estimate of the EAT internal consistency using both child sex offenders and the community control group. This gives a measure of the test's self-consistency, where each scored variable should be consistent with the scoring on the other similar variables. The internal consistency for the EAT was generally satisfactory, in that alpha should not drop below .7, a value stressed by both Guildford (1956) and Nunnally (1978). Only moderate internal consistency, however, was obtained for emotional awareness and perspective-taking categories for the non-specific sexual abuse items (.69 and .63).

As the community control group did not complete section A of the EAT, an internal reliability study was conducted on the child sex offenders alone, including the actual sexual encounter and immediately following encounter items. Consequently the coefficient alpha values for the emotional awareness and perspective-taking stages of the empathic process were very similar to the first reliability study. However, the inclusion of the victim-specific items caused a dramatic loss of consistency in the measurement of the emotional replication stage (from .84 to .37). This implies that the victim-specific items essentially measured a different variable in terms of respondent emotional replication. Incidentally, child sex offenders were markedly deficient in this ability.

The low emotional replication consistency could have occurred for a number of reasons. Firstly, and most importantly, the victim-specific items were arguably a different dependent variable than the ambiguous vignettes. The victim-specific vignettes (section A) required the child sex offender to retrospectively access his emotional states from an actual event (which may or may not have been recent). The offender would have had a variety of salient cues available. For example the offender would have had, at least to some extent, background knowledge, salient distress cues from the victim, and disinhibtition caused by the offenders' own

emotional state(s), alcohol, and sexual arousal. Each of these may have impacted on his information processing ability. Comparatively, the hypothetical vignettes (section B) required interpretation of hypothetical situations without access to the more salient emotionally evoking cues. They involve more cognitive effort, whereas the retrospective victim-specific questions may elicit more emotional arousal. In this sense, these two sections were essentially measuring different aspects of emotional replication. One is possibly oriented towards retrospective accounts of emotional states experienced, whereas the other is more oriented towards the limited experiencing of emotion elicited by written information.

Secondly, it is suggested that ambiguous test instructions are a common source of unreliability (Kline, 1993). In the victim-specific items in the EAT, the respondent is asked 'Think again about the events and explain how you were feeling at this time'. Comparatively, section B items asked, "How does this make you feel?" The different terminology used for each item may have caused the child sex offenders to respond differently.

It is, however, important to note that the vignettes within section B of the EAT were constructed to be ambiguous, and that this ambiguity within the items may have facilitated different emotional responding to the emotional replication questions. In this sense, a very high internal consistency would actually be antithetical to the validity of the EAT. For example, some vignettes concerned young children, others older children. The ages of these children also varied considerably. These factors may lead the offenders to respond differently in terms of their emotional reactions to the vignettes. In other words, if all the items were not ambiguous and in fact were highly correlated, then this would suggest that the test will be narrow and specific therefore easy, but not valid. Ease of interpretation in this case lessens the meaningfulness of the competency based design. Supporting this supposition, another study using ambiguous vignettes also had low internal reliability. Hanson and Scott (1995) also investigated the perspective-taking abilities of the sex offender using similar ambiguous vignettes. They also found a low internal consistency amongst their items (alpha ranging from .30 to .59).

Validity

Good reliability is a necessary condition for a psychometric instrument, but it alone is not sufficient. The second major characteristic of good psychometric instruments is validity. If a test measures what it purports to measure then it is considered valid.

Commonly, a psychometric test is compared to other tests that measure the same variable. If these tests correlate highly, then they purportedly measure the same variable, and concurrent validity is said to high. The Emotional Apperception Test was not, however, compared to other tests that reportedly measure the empathic abilities of sex offenders. This was for a number of precise reasons. Firstly, the EAT is a new competency based instrument which is designed to measure different aspects of empathy across different contexts. As opposed to other existing measures, it does not use self-report scales as its means of gathering information from the respondent.

Secondly, there are no specific tests that measure what the EAT is constructed to measure. There are no existing competency based tests that assess victim-specific empathy, only self-report scales (i.e., Victim Empathy Measure, Marshall et al., 1994). Because of these different response formats, comparing the EAT findings with an administered generalised measure of empathy such as the Interpersonal Reactivity Index may have at best, presented moderate correlations. This is manifestly unsatisfactory as an index of validity (Davis, 1994; Kline, 1993). Thirdly, it was thought antithetical to administer more than one empathy based test to the offender group, especially given that the EAT took a considerable length of time, and that administering two tests would have raised other methodological issues.

In the absence of validity checks against other empathy measures, it is contented that the discriminatory ability of the Emotional Apperception Test will lend credence to the validity of the measure. Clearly, if a test fails to discriminate between individuals it would be unlikely to be valid. The EAT clearly discriminated between child sex offenders and the control group, particularly with respect to perspective-taking and emotional replication abilities. It also discriminated between those with a high ability at each stage of the empathic process, and those with low levels of ability. Moreover, the EAT showed clear differences in the abilities of child sex offenders across the situational categories. For example, they were distinctly unable to take the perspective of their victim(s). Further emphasising the discriminative capacity of the EAT, these clear distinctions were evident at high levels of significance (e.g., $p < .00001$) thus the differences were statistically reliable.

Significantly, demographic variables such as age (of victim and child sex offender), victim gender, and sentence length were not correlated with the EAT results. These

factors did not, therefore, impinge on the results and thus detract from the EAT's validity. Age factors were also controlled for in the Emotional Reactivity Index (see method section) so that this fundamental bias would not impact on the measurement of empathy in child sex offenders.

The Emotional Apperception Test also discriminated between empathy, in particular emotional replication abilities, and the concepts of sympathy and direct emotional arousal. Sympathy is, of course, a heightened attention to ones own feelings in response to the distress of another person. Elements of pity, condolence, and compassion epitomise a sympathetic response. Conversely, emotional replication is the experiencing of an emotion more appropriate to the distressed person. There must be adequate levels of self-other differentiation in order to be vicariously experiencing another person emotion. The EAT was able to discriminate between an adequate emotional replication and sympathetic responding. Similarly, direct emotional arousal in response to the emotion-evoking vignettes was also discriminated from an adequate emotional replication response. For example, a common response from an individual who did not vicariously experience the disgust, or fear of a sexual abuse victim, was anger and hatred. This was not an emotional replication response.

Empathy across the offence chain

The Emotional Apperception Test demonstrated that there was no significant difference in child sex offender empathic abilities during the two offence-specific stages of the offence cycle. Child sex offenders did not differ in their relative emotional awareness, perspective taking, and emotional replication abilities during the actual sexual encounter compared to immediately following the encounter. These two stages are particularly relevant to the dynamic nature of the cognitive distortions and cognitive deconstruction mechanisms, as both these processes are clearly important in manifesting victim-specific empathy deficits (Ward, Hudson, & Marshall, 1995).

The nature of the offence chain suggests that empathic abilities would have differed between these two stages. The sexual arousal and self-satisfying focus during the actual sexual encounter, which may include the child sex offender entering a cognitively deconstructed state could facilitate a low capacity for empathy (Ward, Louden, Hudson, & Marshall, 1995). Comparatively, immediately after the sexual encounter when the influence of sexual arousal is minimal, there is a self-evaluation

where the child sex offender may feel guilt and disgust, thus more likely to be empathic. However, Ward, Louden, Hudson, and Marshall (1995) suggest that the child sex offender could also evaluate the situation positively, restructuring his cognitions appropriately.

The EAT finding that there was no significant difference in empathy between these two stages, may be due to a number of factors. Firstly, it suggests that the sample of child sex offenders probably consisted of (some) individuals who evaluated their sexual offending positively, thus also being unempathic immediately following the sexual encounter. Obviously in these individuals, cognitive distortions are important as they commonly blame the victim, minimise their behaviours, and reframe the encounter as education (Abel et al., 1989; Marshall et al., 1995).

Secondly, it is possible that what they report now (in an assessment context) is likely to be very different from what they may have been able to report at the time of the offence. During the offending, the offender may have been intoxicated and/or highly aroused, and likely to be in a cognitively deconstructed state.

Thirdly, there may not be a clear demarcation between the actual sexual encounter and the events that immediately followed. For example, the offender may have masturbated after the child had left, or he may not be able to state these time periods if the offending was over an extensive period of time. Furthermore, there is the methodological issue of whether the offender actually was referring to events immediately following the sexual encounter. The definition of 'immediately' may have differed for each individual.

The extent of empathy deficits in child sex offenders

The Emotional Apperception test results suggest that in comparison to other (potential) victims of sexual abuse and to children and adults in general emotion-evoking situations, the child sex offenders were extremely unempathic towards their own victims during, and immediately after, the sexual encounter. They displayed higher and similar levels of empathy towards other (potential) victims of sexual abuse and to the children and adults in general emotion-evoking situations. There was no discernible difference in sex offender empathic abilities between these two contexts. Clearly, these findings indicate a victim-specific empathy deficit in these offenders.

In order to demonstrate that child sex offender empathy deficits are predominantly victim-specific, their empathic abilities towards other victims of sexual abuse and other general emotion-evoking situations, were compared with a community control group. Contrary to expectations, the child sex offenders were significantly deficient in their ability to empathise with both other victims, and children and adults, in general situations when compared to the control group. The child sex offenders were therefore generally less empathic across all situational categories, but presented marked deficits towards their own victim(s).

EAT consistency with recent research

The Emotional Apperception Test results are generally consistent with other recent attempts to discern the extent of sex offender empathic difficulties. In fact, a clear pattern of results is emerging. Child sex offenders are clearly significantly less empathic towards their own victim(s). They are more (and equally) empathic towards other victims and children and adults in general everyday situations. These findings are consistent with the theorising of Marshall, Hudson, Jones, and Fernandez (1995). They reviewed the existing sex offender empathy literature and concluded that there was little evidence suggesting that child sex offenders were deficient in generalised empathy, and that victim-specific measures would more accurately discern the empathic capacity of the sex offender.

This is consistent with the recent sex offender empathy literature, which has specified that empathic deficits in the sex offender are most likely to be oriented towards the victim (Hanson & Scott, 1995; Hayashino et al., 1995; Hudson et al., 1983; Ward, Hudson, & Marshall, 1995). However there has only recently been an attempt to develop adequate person-specific measures which can accurately assess the likely circumscribed empathic deficits of the sex offender. Marshall, Fernandez, Lightbody, and O'Sullivan (1994) used their own Victim Empathy Measure and found, similar to the EAT results, that child sex offenders were exceptionally unable to empathise with their own victim(s), both in terms of taking the victims perspective, and replicating the observed emotion(s). They also found that child sex offender empathic abilities were similar with other victims of sexual abuse and child accident victims.

EAT inconsistencies with recent research

The Emotional Apperception Test also found generalised empathy deficits. Contrary to recent theorising, this suggests that the empathy deficits of the child sex offender may, to some extent, manifest across all persons and situations. Indeed, recent theorising and research, as outlined in the Introduction, would have suggested the opposite of these findings, that child sex offenders would be as empathic as the non-offenders in general situations. For example, Marshall, Fernandez, Lightbody, and O'Sullivan, although finding victim-specific deficits, also found that the child sex offenders and non-offenders were equally empathic towards the accident and other victim scales. Child sex offenders were generally as empathic as non-offenders when self-reporting the child's and their own emotional state(s). Hence, this is inconsistent with the EAT results where the administration of a competency based measure (EAT) revealed general sex offender empathy deficits.

It is interesting to speculate as to why this was the case. Perhaps it is worth noting that the variance in total scores on the generalised questions in the EAT, was quite high among the control group, relative to the child sex offenders. This suggests that a few exceptionally empathic non-offenders possibly skewed the data. However as the significance level for the difference between the child sex offenders and controls was reliable at the .01 level, this explanation is perhaps optimistic. Administration of the EAT with increased sample sizes may clarify this issue.

It is also possible that the EAT, being a competency based device, is a better measure of general empathic abilities. The Victim Empathy Measure (Marshall et al., 1994) for example, used only a child accident victim as its measure of general empathy. This is problematic, especially considering a car accident is a very common and emotionally arousing situation. Most offenders would have had some experience with a car accident (issue of similarity), therefore being more able to put themselves in the child's position. This enhanced perspective taking ability would be facilitated by the simple cognitive modes of empathic arousal such as direct association and classical conditioning. On the other hand, the EAT presented a diverse array of generalised situations, which arguably are more likely to access the offender's generalised empathic ability. A wide range of situations, some of which require a high level of cognitive interpretation, would surely represent a more accurate generalised empathy.

Sex offenders presenting generalised empathy deficits is, however, consistent with the broad theoretical frameworks proposed to account for the etiology of sexual offending. For example, Marshall and Barbaree (1990) suggest that adverse early development experiences precede failure in socialisation tasks such as the development of adult empathic ability (p. 263). Similarly, attachment theory (Ward et al., 1995) is especially relevant in respect to generalised empathy deficits in sex offenders as caregiver and child attachmen, and early childhood experiences are recognised as being essential in the development of empathic abilities in adulthood (Eisenberg & Miller, 1987; Feshbach, 1987; Hoffman, 1982; Strayer, 1987). It is apparent that secure early attachment between the child and caregivers appears to be a major antecedent of early interest in others, and is seen as a necessary precondition for the development of empathy (Mussen & Eisenberg-Berg, 1977). Development of empathy in this sense relates to a generalised empathic ability.

Studies using generic self-report measures have found generalised empathy deficits in sex offenders. Rice, Chaplin, Harris, and Coutts (1990) administered two generalised empathy measures, both the Hogan Empathy Scale (Hogan, 1969) and the QMEE (Mehrabian & Epstein, 1972) to rapists and a control group. These measures revealed significant generalised empathy deficits in the rapists, relative to the control group. Similarly, Marshall, Jones, Hudson, and McDonald (1993) using the IRI (Davis, 1983a) found generalised empathy deficits in community child sex offenders but not in the incarcerated child sex offenders in their samples. However, both these studies suggested that the generalised empathy deficits found do not represent the core empathy difficulties for sex offenders. The EAT also suggests that although lacking in generalised empathic ability, the important and most dramatic empathy deficits are specific to the offender's own victim(s).

Empathy deficits in terms of the empathic process

It is suggested that the empathy is best conceived as a four-stage information processing model, with each stage necessary for an empathic response (Marshall et al., 1995). Now that it is evident that child sex offenders have particular difficulties in being empathic towards their own victims it is important to discern where, within the four-stage empathy model, these difficulties emanate. It has been implied that they may have difficulties at recognising emotions (Hudson, Marshall, Wales, McDonald, Bakker, & McLean, 1993), or taking the perspective of another person (Hanson & Scott, 1995), or experiencing a vicarious emotion in response to

observing and interpreting the persons distress (Marshall et al., 1995). They may also have widespread difficulties at all of these stages.

To this point, the empathy deficits detailed from the EAT have referred to the measurement of the combined perspective-taking and emotional replication abilities of the individual. In context with the model of empathy, it is important to discern whether these deficits (also in comparison with the control group) are evident at only one or all stages.

The Emotional Apperception Test revealed that the child sex offenders and control group did not differ in their emotional awareness capabilities. They displayed equal levels of emotional awareness in terms of the emotional states of the children (or adults) when they were other victims of sexual abuse or in generalised emotion-evoking situations. The child sex offenders were, however, less able to take the perspective of the child (or adult) in both situational categories, and were particularly deficient at appreciating the perspective of their own victim(s). In terms of replicating the emotion observed in the other person, the child sex offenders were generally unable to experience the emotional states of any of the children (or adults) in any of the situations. Relative to the non-offenders, they showed less ability with other victims, but unexpectedly were as capable as the control group to replicate the emotions of individuals in the general category.

Emotional Awareness

The Emotional Apperception Test revealed that, relative to the non-offenders, there were no significant deficits in the emotional awareness abilities of the child sex offenders towards their own victim(s), other sexual abuse victims, or towards general emotion-evoking situations. This suggests that the child sex offenders and the non-offenders were not dissimilar in their levels of emotional awareness towards any of the situational contexts.

This is inconsistent with recent sex offender empathy research. Emotional awareness abilities being indiscernible between child sex offenders and non-offenders is in direct contrast to the findings of Hudson, Marshall, Wales, McDonald, Bakker, and McLean (1993). They used the Emotional Expression subtest (O'Sullivan & Guildford, 1976) to test child sex offender recognition of emotional states. This test requires the respondents to identify the most appropriate facial affect from six main emotional states (fear, surprise, disgust, anger, happiness

and sadness). They found that child sex offenders' in particular confused surprise and fear. Moreover, they found that child sex offenders were significantly less accurate in their recognition of child and adult emotions. Hudson and his colleagues suggested that, contrary to their expectations, child sex offender emotional recognition difficulties were not child specific but more global.

Lisak and Ivan (1995) also measured emotional recognition skills using a photograph recognition test (Facial Affect Recognition, Ekman & Oster, 1979). They examined sexually aggressive and non-aggressive males finding that, again contrary to expectations, sexually aggressive males were less accurate at discerning affect on male faces, rather than female faces. This also suggests an emotional recognition deficit, but again a generalised deficit rather than one specific to adult females.

The EAT does suggest, however, that child sex offenders are generally less empathic than non-offenders, but do not present emotional awareness deficits even of a general nature. This may be due to the nature of the concept of emotional awareness as measured in the EAT, as compared to visual affect recognition tests. The emotional awareness measure used in the EAT is a more general assessment of an individual's emotional sophistication, whereas the emotional recognition tests used by both Hudson et al (1993) and Lisak and Ivan (1995) are more specifically oriented to facial affect.

Emotional awareness, as assessed by the EAT, is an evaluation of the ability of the individual to cognitively process the expression of emotion. The higher the level of ability in terms of emotional awareness, the more able the individual to recognise specific emotions. The EAT therefore accesses more of the cognitive ability to recognise emotions based on verbal representations of situations, compared to visual tests such as the Emotional Expression subtest that access emotional recognition through more overt stimuli. Furthermore, the EAT accesses emotional recognition through more situational contexts, using overt behavioural (non-verbal) cues, rather than just simple facial recognition. Testing visual representations of emotion is significantly different from the more general emotional awareness ability so it is difficult to interpret the different findings between the EAT and those of Hudson, Marshall, Wales, McDonald, Bakker, and McLean (1993) and Lisak and Ivan (1995).

In summary, the child sex offenders were not significantly dissimilar in their levels of emotional awareness relative to non-offenders, or towards their own victim(s),

other sexual abuse victim(s), or any other general emotional situations. This is inconsistent with recent research, which suggests that sex offenders have some difficulty in recognising facial affect in general situations. The EAT, however, accesses a different level (more general) of emotional recognition skill compared to the specific facial recognition instruments, which is based on situational contexts.

Perspective-taking

The Emotional Apperception Test results indicate that taking the perspective of another person is problematic for child sex offenders. Within the four-stage unfolding model of empathy (Marshall et al., 1995), empathic deficits emerge at the perspective-taking stage, where they have difficulties seeing things from another person's perspective. In particular, the child sex offenders were significantly deficient in their ability to appreciate their own victim's viewpoint during, and after, the sexual encounter. This suggests that they are able to adequately recognise the emotional state(s) of their victim, however they are unable to take the victim's perspective in order to fully comprehend the emotions perceived.

Child sex offenders were significantly less able to take the perspective of their own victim, particularly in comparison with their ability to appreciate someone else's viewpoint in more generalised situations. There was, however, contrary to expectations, no significant difference in their ability to take the perspective of other (potential) victims of sexual abuse and their own victim. Nor was there a significant difference between other victims and generalised situations. This appears to suggest that child sex offender perspective-taking skills are extremely deficient towards their own victim(s) and that they have problems also with taking the perspective of other victims.

This may have been a function of the small sample size and high variance with own victim perspective-taking. High variance in this case suggests that there is a large array of ability, from highly able to completely devoid of the ability. This is not surprising given the heterogeneity of child sex offenders. Comparison with the non-offenders clarifies this issue somewhat. Child sex offenders were significantly less able to take the perspective of another person in both generalised and other victim situations. Child sex offenders appear to have enduring difficulties with perspective taking in general, and considerable difficulties when this involves their own victim during, and immediately after, the sexual encounter.

This is consistent with the studies that have sought to investigate the perspective-taking abilities of the sex offender and have uniformly found deficits. Indeed, a trend is emerging that signifies that perspective taking deficits are most likely to be specific to the victim(s) of the child sex offender. Recent studies that have examined the perspective taking abilities of the sex offender have, in fact, found victim-specific deficits.

For example, the Victim Empathy Measure (Marshall, Fernandez, Lightbody, & O'Sullivan, 1994) assesses the perspective taking abilities of the child sex offender. Marshall and his collegues have repeatedly found (1994, 1996) that child sex offenders, relative to non-offenders, were similarly accurate at taking the perspective of the child in their accident victim scale and significantly less able to take the perspective of the child in the non-specific sexual abuse scale. Importantly, similar to the EAT findings, these sex offenders were especially unable to understand the viewpoint of their own victim.

Hanson and Scott (1995) specifically created the Child Empathy Test to assess the perspective-taking abilities of a diverse group of convicted and community sexual offenders, and a comparison group of community non-offenders. Similar to the EAT, respondents read vignettes involving a child and adult interacting which were varied in degrees of abusiveness. Respondents were required to rate how the child described was most likely to feel in each situation. The Child Empathy test did not discriminate between the various groups, however the child sex offenders did appear to have offence-specific perspective-taking deficits.

Both of these studies investigating perspective-taking abilities of child sex offenders found victim/offence specific deficits. Similarly, the EAT demonstrates that empathic deficits, particularly victim-specific, in child sex offenders emanate with their inability to understand the situation from the other person's viewpoint. In particular, the child sex offender appears to be able to recognise the victim's emotional state, given the situational context, but is unable to fully comprehend these emotional states in terms of the offence situation. Importantly, deficiencies at this stage, according to the sequential nature of the empathic process, indicate that it is unlikely that the child sex offender will be able to experience a vicarious emotion in response to the emotional state of the victim.

Emotional Replication

The limited ability of the child sex offenders to appreciate the perspective of others, particularly their own victims, suggests that emotional replication abilities would be low. Indeed this proved to be the case. Child sex offenders had uniform difficulties with emotional replication, however these difficulties were not specific to their own victim, but evident with all emotion-evoking situations (own victim, other victims of sexual abuse, and generalised). In comparison to their perspective-taking abilities, they also appeared to have notable emotional replication difficulties, with scores significantly less than their comparative perspective taking scores.

Given that the child sex offenders were significantly less able to appreciate the perspective of other people compared to the control group, it is expected that in comparison the child sex offenders would subsequently manifest less ability at the emotional replication stage. This was true with the child sex offenders being less able to vicariously experience the emotional state(s) of other victims of sexual abuse. However, the child sex offender and control groups were equally able to take the perspective of the children and adults in the generalised situations.

These findings suggest that, in general, child sex offenders have notable deficits in their ability to experience a vicarious emotional state, given that they recognise the person's emotional state and are able to take that person's perspective in order to comprehend the emotional state fully. Specifically, child sex offenders also had notable deficits towards their own victim, however this was expected due to their low victim-specific perspective taking ability.

Emotional replication is clearly lacking in child sex offenders. This is not an inability specifically towards their own victim, or even to other child (potential) sexual abuse victim, but a generalised deficiency. Child sex offenders are apparently unable to replicate even a general emotional state of a child, or an adult. It is important to speculate why this is the case. It may be that they have only a relatively limited emotional range, although there is no evidence for this with the emotional awareness data. However, if they do have a limited emotional range, they are then able to recognise a wide range of emotional states, have difficulties appreciating the observed person's perspective, but do not have an emotional repertoire capable of replicating the observed emotion. Or, they may have marked difficulties in labelling their own feelings, in response to another persons distress (e.g., alexithymia, Taylor, 1985). For example, if they are emotionally aroused by the distress of their victim, it

is possible that they may confuse this emotion with a salient emotional state from their limited repertoire such as loneliness, or other emotions commonly associated with low self-esteem (Hillbrand, Foster, & Hirt, 1990).

Consistent with this supposition, a number of theorists have suggested that sex offenders may have a limited range of emotions (Groth, 1979; Hillbrand, Foster, & Hirt, 1990; Marshall & Barbaree, 1990; Marshall et al., 1995; Scully, 1988). For example, rapists are commonly presented as individuals who predominantly experience negative emotions such as hate, anger, and power, whereas child sex offenders are individuals low in self-esteem, presenting only a limited number of emotional states.

Inconsistencies

It is important at this point, to refer to the EAT findings, specifically the inconsistencies with child sex offenders in comparison to non-offenders. The control group were as deficient as the child sex offenders in replicating the emotion(s) of the observed individuals in the general situations. This is unexpected and difficult to explain, especially as the control group were significantly better with the non-specific victim of sexual abuse scenarios. There could be two reasons for this inconsistent finding. Firstly, it could be that there were some extremely unempathic individuals in the control group, who replicated the emotions of victims of sexual abuse purely because it was what they assumed the researcher wanted to hear. The high variance for the control group (mean = .86, *SD* = .67) compared to the child sex offenders (mean = .55, *SD* = .20), suggests that this may have been the case. In other words, because the control group were aware that the EAT examined emotions, and that they were acting as a comparison group to sex offenders, they responded in a socially desirable way to the sexual abuse items. They were, in effect, presenting themselves in a favourable manner.

Secondly, as it seems the control group had difficulties with replicating the observed emotions in the generalised items, it may have been due to the fact that the generalised vignettes were not particularly emotionally arousing. This would also explain the low emotional replication abilities in non-offenders as well as child sex offenders. The innocuous "How does this make you feel?" question also may not have accessed non-offenders emotional states, partly through the low levels of arousal, and partly through the pairing of the word 'feel' with cognitive states. Respondents may have answered with a cognitive conjecture rather than an affective

state that they were feeling (if they were emotionally aroused). For example, one subject responded "I hope Charles reacts accordingly" to the 'How does this make you feel?' question for a generalised item. Because the item requires cognitive interpretation, and there are no salient behavioural cues that evoke high levels of emotion in the written vignettes, respondents may not have felt emotionally aroused. This is a problematic methodological issue with the Emotional Apperception Test that needs to be assessed further with a larger number of subjects.

Of the four stages of the empathy model, emotional replication has been the less amenable to research. Not surprisingly research of the emotional ability of sex offenders is predominantly interview based (e.g., Freeman-Longo, 1986; Gilgun & Connor, 1989; Scully, 1988). However, the Emotional Apperception Test findings are consistent with these interview based studies which suggest that sex offenders may have a limited emotional repertoire, or at least difficulties in accurately labelling their own emotional states. Scully (1988), for example, investigated the self and victim perceptions of a large sample of incarcerated rapists. The majority of rapists reported feeling nothing towards their victim during the actual rape, whereas a minority of the rapists expressed a limited range of emotional responses, typically anger and hate. Immediately after the rape, the majority again reported either no feelings at all, or a limited range of responses such as feeling sexually satisfied. Obviously, these responses indicate negligible emotional replication of the distress inflicted upon their victims. A minority of rapists did however report feeling guilt or shame.

Other studies have measured the self-reported general ability of the sex offender to experience the emotions of others in an empathic context. These studies have commonly used the Interpersonal Reactivity Index (IRI, Davis, 1983a) which is a general measure of empathy that suggests that empathy consists of four different components. One of these components is labelled empathic concern, or the tendency to experience feelings of compassion for unfortunate others. Marshall et al. (1995) specify that the empathic concern component, at least in part, evaluates vicarious emotional responding.

Marshall, Jones, Hudson, and McDonald (1993), for example, examined the generalised empathic abilities of community and incarcerated child sex offenders. They found that emotional replication abilities, as measured by empathic concern did not differ between these child sex offender groups. Moreover the empathic concern abilities of these sex offenders did not significantly differ from a community sample

stated in Salter (1988). Furthermore, the empathic concern scores of these child sex offenders were within the normative range supplied by Davis (1980, 1983a). Similarly, Hayashino, Wurtele, and Klebe (1995) examined the empathic abilities of a variety of incarcerated sex offenders, using the perspective-taking and empathic concern components of the IRI (Davis, 1983a). Again, there were no significant differences in empathic concern scores between incestuous and extrafamilial child sex offenders and the other offending and non-offending groups.

The studies by Marshall et al. (1993) and Hayashino et al. (1995) both inadvertently assessed a generalised emotional replication ability by using self-report measures of generalised empathy. Obviously, this kind of test is not able to present the situational emotions such as distress and disgust that are prevalent in victims of sexual abuse. Arguably then, generalised self-report measures that seem to assess emotional replication abilities in sex offenders probably do not do so. A situational test, such as the EAT, where the child sex offenders are presented with arousing child affective states, is more likely to access their ability to vicariously experience these states in response to the situation. These studies therefore do not show an true indication of the extent of sex offender emotional replication abilities.

The EAT finding that child sex offenders were generally deficient in their ability to experience the affective states more appropriate to the victim (or distressed person) was consistent with other situational based studies (i.e. interview), but inconsistent with self reported emotional replication studies. Clearly, this suggests that situational measures of emotional replication may reveal the true extent of the sex offender emotional limitations. However, it may be that the methodological issues concerning the assessment of emotional replication may obscure the real emotional replication abilities of child sex offenders. Notwithstanding these possible methodological problems, it is, however, clear that child sex offenders do have difficulties in experiencing a vicarious emotional state in response to the distress of others.

Conclusions

The Emotional Apperception Test provided a clear indication of the extent and true nature of empathy deficits in the child sex offender. In doing so, it has, to a large extent, ameliorated the confusion relating to the conception of empathy, its measurement, and the actual empathic capacity of the sex offender. It has also presented a focus for future research, which will further define sex offender empathy deficits. Methodologically, the Emotional Apperception Test was reliable and valid to the extent that it clearly discriminated empathic ability. The results were thus meaningful and provided clear patterns that were generally consistent with expectations based on recent empirical findings. Moreover, it was shown that age and other demographic variables did not significantly influence responding on the EAT. The principal findings to emerge from the administration of the EAT are as follows.

- The Emotional Apperception Test demonstrated that the empathic capacity of the child sex offender did not vary across two stages of the offence chain. The dynamic nature of affect and cognitive processes during, and immediately after, the actual sexual encounter suggests that empathic ability may also fluctuate. Contrary to expectations, emotional awareness, perspective taking, and emotional replication abilities were consistent during, and immediately following, the sexual encounter with the child. Child sex offenders were unempathic throughout these offence-specific stages of their offence chain.

- As predicted, the child sex offenders presented salient victim-specific empathy deficits. This is consistent with recent theorising and empirical research that suggests that child sex offenders demonstrate a significant inability to empathise with their own victim(s). In comparison, the offenders were more able to manifest empathy towards other victims of sexual abuse and generalised emotion-evoking situations. They showed a similar level of empathy to both these scenarios. However, they were still deficient in comparison to a group of non-offenders who presented significantly higher levels of empathy to other sexual abuse victims and other generalised situations. This suggests the child sex offenders were generally less empathic than non-offenders.

- The Emotional Apperception Test was able to discern where, in the four-stage empathy model, victim specific empathy deficits emanated.

    - Relative to non-offenders, child sex offenders did not display any difficulties in recognising the emotional state(s) of their victim, other victims, or other persons in general. Their level of emotional awareness (stage 1) was equivocal towards each of these situational categories.

    - Empathic deficits emerged with their inability to take the perspective of another person (stage 2). Relative to the non-offenders, the child sex offenders presented significant perspective taking deficits. They were significantly unable to appreciate another person's perspective, in general situations, with other sexual abuse victims, and most significantly towards their own victim(s). This suggests that they were eminently unable to fully comprehend the emotional state(s) elicited by their victim, thus unable to understand what these emotions meant in terms of the offending situation.

    - Not surprisingly, given their low perspective taking ability, the child sex offenders' demonstrated a clear inability to experience a vicarious emotional response to the distress of others. They were generally unable to replicate the emotional state(s) experienced by all other persons in all situations (stage 3), however they displayed pronounced emotional replication deficits towards their own victim. Given that they demonstrated victim specific perspective taking deficits, and that the four-stage model is sequential, this was not unexpected. An unexpected result was obtained, however, in relation to the non-offenders. They, as anticipated, were better at replicating the emotional states of sexual abuse victims, but were equally inept at replicating the emotions of persons in general everyday situations. This was a confusing, yet interesting, artefact of the EAT results.

Chapter 7

Limitations and their resolutions

This was the first attempt to create an empathy measure that is designed to circumvent existing methodological and conceptual problems concerning the lack of empathy in sex offenders. Due to the rudimentary nature of the research, some basic limitations should be noted. These limitations can be grouped into two sections. The first describing broad general limitations, the second detailing more specific Emotional Apperception Test weaknesses.

General Limitations

Sex offenders as subjects

Child sex offenders are clearly a heterogeneous group, from which many offender typologies have been generated to aid in assessment and treatment (Knight & Prentky, 1990). The current study, in view of a lack of empathy being a presumed critical and common characteristic of the child sex offender and the preliminary nature of the EAT, did not distinguish between any offender typologies, such as the MTC:CM1 (Knight & Prentky, 1990) and 'fixated' versus 'regressed' offenders (Groth, 1979). Cross-validation of the EAT to these and other offender typologies would greatly enhance it's applicability. In particular, the attachment typologies recently developed by Ward, Hudson, and Marshall (1995) would be of particular interest due to attachment and empathy being functionally linked (see Eisenberg & Strayer, 1987).

The current study used incarcerated child sex offenders who had volunteered for treatment at a medium security treatment programme. Finkelhor (1986) and Hall and Hirschman (1993) argue that such a sample is particularly biased by reporting and judicial procedures. The child sex offenders are incarcerated, and therefore possibly more likely to be more prolific and/or extreme offenders, and are volunteering for treatment which infers that they admitted to their offending. Moreover, incarceration tends to present self-presentation biases, whereby the offender attempts to present himself in as favourable manner as possible.

These factors may limit the generalisability of the EAT to other child sex offending populations. The obvious solution is to expand the population of child sex offenders covered by the EAT, to include those living in the community and testing these in comparison to incarcerated offenders. Recent research generally follows an experimentation paradigm where non-offenders, non-violent offenders, violent offenders, rapists, and child sex offenders are used (Ward, Hudson, Marshall, & Siegert, 1995). The use of these groups allows for the confounding effects such as incarceration and levels of violence.

Sample size

Small sample size was another obvious limitation of the study. The sample of child sex offenders, the control group of community controls, and the 'expert' population that established the criterion responses were all small groups (n = 20). These relatively small groups may not reflect the true scope and extent of empathic abilities of each population. In particular, a larger group of 'experts' would have strengthened the criteria that is used for the EAT (Kline, 1986). Large sample sizes are essential to strong results (Kline, 1993), especially in this instance when a new measure has been created. Future validation of the EAT must use larger sample sizes.

Emotional Apperception Test Weaknesses

Creating a new psychometric measure is invariably a difficult task especially when the rationale is largely based on pragmatism (Kline, 1986). The EAT was no exception to this heuristic. Indeed there are several possible weaknesses and limitations that should be considered when administrating the EAT. These range from simple design factors such as the length and the subsequent time taken to complete the EAT, to more psychometrically serious factors that may negate the discriminating ability of the EAT.

Length of EAT

The first, and most observable, potential weakness is the length of time taken to complete the EAT. Due to the open-ended responding required in the EAT, the test takes longer to complete than a simple rating scale. The respondent has to read, process, and interpret each of the written vignettes. The scenario in each vignette is matched to personal and societal schemata in order to assess the emotional state(s) that the individual in question is most likely to exhibit. Then the respondent has to

articulate his response. Obviously this is a time consuming process. Indeed, the EAT actually took the child sex offenders about 90 minutes (on average) to complete. The question is whether this length of time is clinically applicable. Both Kline (1993) and Fife-Shaw (1995) suggest any psychometric test that amounts to more than 45 minutes may be susceptible to bias, either from boredom or fatigue. The obvious remedy is to decrease the amount of vignettes from 24 to perhaps 16 by removing 4 vignettes from the each situational specificity in section B. The vignettes to be removed would be those that contributed least to the test. Internal reliability testing (i.e. item-total correlations) can be used to identify the least effective vignettes.

This long length of time taken to complete the EAT involves processing a large number of affect arousing vignettes. It has been suggested that presenting a series of stimuli vignettes may 'overload' the empathic capacity of the individual (Strayer, 1987). The presentation of a number of vignettes requiring the interpretation (and experience) of different emotional states, may lead to the respondent being unable to differentiate their emotional reactions, or in fact to be emotionally aroused over the whole extent of the test. Recognition of different emotional states would therefore be difficult. However, this notion of overloading is very much an empirical question that has yet to be tested (Davis, 1994). Perhaps to investigate this phenomenon, a primacy versus recency comparison could be undertaken. Responding to generalised questions, for example, could be compared at the beginning and at the end of the test. A significant difference may mean that empathic responding is restricted towards the end of the test due to the constant evocation of emotional arousal.

Open-ended format

There are also the methodological limitations involved in using an open-ended response format. For instance, the respondent articulating emotional states presents a potential problem of contextual meaning (Batson, 1987). Unidimensional words may for different people have a different meaning, or intensity. Words may also have multiple meanings depending on context. The adjectives used by the respondent to describe the interpretation of the emotional state(s) involved varied considerably depending on verbal ability. For example, respondents may use words that have not been used by experts in the criteria such as "I feel like a shit-house". The independent raters were required to interpret the meaning of these adjectives. Seemingly, this would increase the amount of independent rater coding errors. However, the high inter-rater reliability suggests that the successful procedure

adapted from Ickes and colleagues (1993), together with the concise criteria created by collapsing a large range of emotional descriptors enabled consistent coding.

Subjectivity of criteria

A potential weakness of the EAT is the reliance on the 'expert' sample to establish the criteria. The validity of the criteria rests on the plausible assumption that the psychological 'expert' sample are collectively highly empathic, when this fact is not known. It was only assumed that these experts were, in fact, highly empathic individuals, although the literature suggests that this assumption was justified. The solution is obviously to test these experts on general empathy measures (e.g., IRI, Davis, 1983a) to establish whether they were highly empathic in comparison to the normative data provided with the general tests.

The establishment of a criterion was also a problem for the own victim items, which relate to the child sex offender's most recent sexual encounter with a child. The offender's own description of the events taking place acted as the vignette that the offender interpreted in terms of the emotional states involved. Consequently, there was no explicit criterion for section A. Obviously the sample of 'experts' were not able to furnish the highly empathic responses, as in section B. The independent raters therefore congruently assessed the competency of the offenders' based on a set of semi-structured instructions. The independent raters essentially acted as the experts. This clearly may increase the level of subjectivity involved in coding. As subjectivity in coding is known to increase the number of potential coding errors (Fife-Shaw, 1995) this is problematic. However, the high inter-rater reliability suggests that the independent raters used the same criteria based on the semi-structured instructions to judge empathic competency.

Emotional replication is one of the stages of empathy assessed by the Emotional Apperception Test. However, this has been particularly problematic to assess in past measurements of empathy (Davis, 1994; Strayer, 1987), and the EAT proved to be no exception. Both the child sex offender's and the community control group scored lowly on emotional replication ability. The reasons conjectured for this were that: (a) the vignettes were not particularly emotionally arousing, (b) the question aimed at accessing this ability may have been too ambiguous or innocuous to evoke accurate responding (this was also relevant to the own victim items), and/or (c) it may have lead to an expectation that cognitive responses were required, (d) the issue of similarity between responding and the criteria, or (e) emotional replication items

are the most susceptible to self-presentation biases. Any, or all, of these issues may have obscured any real deficits or discriminations between the respondent groups. Access to a respondent's ability to vicariously experience the emotional state(s) of the individual in question may best be accessed by physiological measures (see next section).

Evidently, there are a number of (potential) weaknesses in this study. However, the advantages of using a new measure, or at least the attempt to avoid the current methodological and conceptual confusion concerning empathy in sex offenders, argues for the future development of the EAT. To further our knowledge towards assessment and treatment of the sex offender and in particular the concept of victim empathy, it is imperative that we endeavour to expand promising yet enigmatic research methods in the face of subversity from those who emphasise objective methods to the exclusion of other more pragmatic yet relevant methods.

Chapter 9

Future Research Suggestions

Research Implications

The Emotional Apperception Test has revealed that child sex offenders have significant victim-specific empathy deficits. This is an important finding. The next stage is to consider the research and clinical implications of this finding, particularly the causal mechanisms that generate victim-specific empathy deficits. Empathy has, of course, been seen as a critical characteristic of the sex offender. But until recently, the exact nature and extent of these empathy difficulties has not been known. The study of empathy deficits in sex offenders has been hampered by a lack of a framework to guide model building and empirical research. Now that is clear that empathy deficits are predominantly specific to their own victim(s), and that specific deficits exist particularly within perspective taking and emotional replication abilities, the foundation exists from which to construct a framework of empathy deficits in sex offenders.

As yet, this model of empathic deficits in sex offenders has not been formulated. The following is a brief description of important mechanisms behind victim-specific deficits in child sex offenders based on the EAT and recent literature findings. It is not a model, or even a framework of sex offender empathy deficits, but a description of three mechanisms that may influence the manifestation of empathy in the child sex offender considerably. A brief descriptive model is presented as a summary of the mechanisms most likely to influence the manifestation of victim-specific empathy deficits. Future reassert should endeavour to further develop this model.

The manifestation of victim-specific empathy deficits in sex offenders

It is suggested that sex offender empathy deficits are best considered a function of the distorted patterns of thinking evident in the sex offender, that serve to rationalise and justify their inappropriate sexual behaviours with children (Abel et al., 1989; Stermac & Segal, 1989; Ward, Hudson, Johnston, & Marshall, 1996). However, it is also clear that these cognitive distortions fluctuate throughout the offence chain of

the offender, depending on sexual arousal and affective states (Ward, Louden, Hudson, & Marshall, 1995). Subsequently, another related mechanism that has been suggested to influence the empathic capacity of the sex offender, particularly during the sexual offence, is cognitive deconstruction, a process whereby the offender attempts to avoid negative self-awareness (Ward, Hudson, & Marshal, 1995).

In order to further our ability to assess and treat the sex offender, it is necessary to extent our knowledge of the role of these mechanisms that function to reduce feelings of remorse and guilt before, during, and after the offence, therefore producing a lack of victim empathy. This is particularly important given that the Emotional Apperception Test found that sex offenders are deficient in victim empathy both during and immediately following the offence. Only once we have fully examined the causal mechanisms, during and after the offence, of victim-specific empathy, will we be able to design and develop complete assessment and treatment programmes for empathy deficits.

Empathy deficiencies manifested preceding and during sexual encounter

Empathic deficiencies directly preceding and during the actual sexual encounter are particularly important because at this stage, victim distress cues such as fear and disgust are especially salient. The offender needs to be unaware of, or reduce, block, or suspend any awareness of victim harm in order to maintain a lack of empathy that allows the offending behaviour to continue without inhibition. It is suggested that the concept of cognitive deconstruction (Baumeister, 1991; Ward, Hudson, & Marshall, 1995) is a plausible mechanism that holds considerable promise in explaining victim-specific empathic deficiencies directly preceding, and during, an offence (Ward, Hudson, & Marshall, 1995; Ward, Hudson, Johnston, & Marshall, 1996; Marshall, 1996).

Cognitive deconstruction is the process by which individuals attempt to avoid the negative implications of their behaviour and subsequent negative self-evaluations (Baumeister, 1991). In the sex offender, this process both predisposes and perpetuates further sexually inappropriate behaviours. Essentially, entering a cognitively deconstructed state is the equivalent to focusing self-awareness on the most basic lower level feelings and awareness. In a cognitively deconstructed state the sex offender concentrates on proximal goals and actions, such as sexual pleasure, essentially narrowing his temporal awareness and suspending any appreciation of the wider implications of his behaviour (e.g., victim distress and harm) (Ward, Hudson,

& Marshall, 1995). Moreover, an awareness of emotion, both of the self and victim, is most probably absent.

This reliance on lower level perceptions during the offence suggests that empathic capabilities would be suspended in order for the offender to concentrate on proximal pleasurable actions. In this sense, victim-specific empathy deficits are manifested through the offender entering a cognitively deconstructed state whereby preference is for immediate gratification and this focus on pleasurable bodily sensations means the offender is not acutely concerned for the welfare of the victim and would not evaluate his actions negatively. Any recognition of distress or harm inflicted upon his victim is able to be suspended in order to focus on these proximal lower level goals (Ward, Hudson, & Marshall, 1995). So, by virtue of the cognitively deconstructed state the offender may suspend usual judgement processes and self-regulatory behaviour to allow the offending behaviour to continue without the inhibitory feelings of guilt and remorse.

In terms of the empathy process (Marshall et al., 1995), this is particularly relevant to the perspective taking ability of the offender. Consistent with the Emotional Apperception Test findings, the offender may be able to recognise the emotional state(s) of his victim, but is unable to fully comprehend the meaning of these states by being unable to take the perspective of the victim. Focusing on the lower level bodily sensations is likely to diminish the cognitive ability of the offender in terms of his perspective taking abilities. The offender does not think of the implications of the distress cues elicited by the victim. This lack of comprehension means that the offender is very unlikely to experience a vicarious emotional state congruent to that of his victim.

Empathy deficiencies manifested after the sexual encounter

Sex offenders are obviously able to maintain victim-specific empathy deficits due to their inability to feel empathy for their victim(s) in an assessment context, as opposed to during the actual sexual encounter. If cognitive deconstruction is the mechanism that induces victim-specific empathy deficits, then the cognitive distortions that sex offenders manifest preceding, and following, the sexual encounter may the mechanism with which empathic deficits are maintained.

Cognitive distortions are basically self-serving maladaptive beliefs and distorted ways of thinking, that are emanate to deny, minimise, and justify sexual offending

(Abel et al., 1989). These cognitive distortions serve to lessen the awareness of victim harm and subsequent negative self-evaluative feelings that arise following a sexual encounter with a child. For example, passivity or compliance on the part of the victim is seen as confirmatory evidence that the victim enjoyed the sexual abuse (Murphy, 1990). Essentially, the offender in this case, is unable to take the perspective of the victim as he is confusing the emotional state of the child. He is able to recognise this stage, but unable to adequately comprehend these emotional states. Clearly, the offender to unlikely vicariously experience these emotional states. So, it seems that to justify their past offending the sex offender is likely to deliberately adopt a lack of empathy for his victim(s) in order to reduce the negative self-evaluative feelings (Abel et al., 1989; Marshall et al., 1995) that are likely to accompany offending.

This will lead to a persistent pattern of behaviour in which the sex offender can effectively reduce or eliminate negative feelings following an offending situation. Essentially then, the sex offender suspends his capacity for empathy towards the victim in order to justify his behaviour and this follows, rather than precedes the behaviour (Abel et al., 1989). However, the cyclic nature of offending behaviour would mean that the adoption of these distorted rationalisations and justifications would also serve to reduce empathy preceding an offence situation, and maintain offending as they would persist and strengthen over subsequent offending situations.

The Effects of Similarity (situational specificity)

The two mechanisms described thus far are important to all the stages of the empathy model. According to the Emotional Apperception Test results, victim-specific empathy deficits manifest particularly during the perspective taking information processing stage. One factor that may influence the appreciation of the victims' perspective is the similarity between the victim and the offender.

It has generally been thought that a greater similarity between the observer and the observed person is likely to increase the likelihood of an empathic response from the observer (Davis, 1994; Bandura, Underwood, & Fromson, 1975; Eisenberg & Strayer, 1987; Marshall et al., 1995; Stotland, 1969). This has assumed a degree of importance in the research of aggression in humans (see Bandura, 1973).

In terms of the empathy model (Marshall et al., 1995) similarity is of the greatest importance at the perspective taking stage. Greater similarity enables the subject to

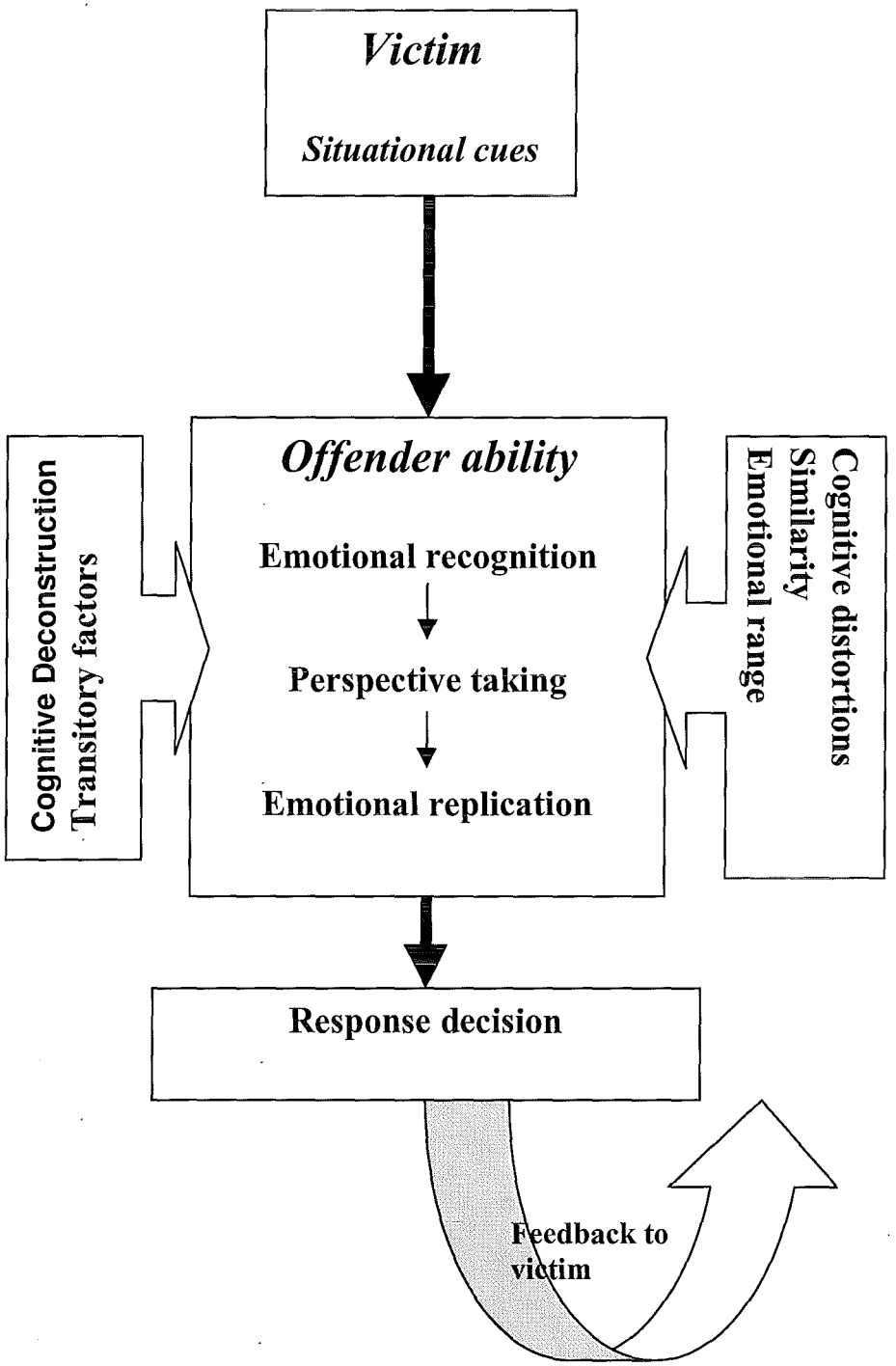
more readily take the victim's perspective. The more similar the observed person, the easier it is to put oneself in their shoes and take their perspective of events. Because the EAT found victim-specific empathy deficits to manifest at the perspective taking stage, similarity becomes an important factor.

Less empathy would be expressed towards people that the sex offender sees as different from himself, such as children and/or women. This seems plausible, that child sex offenders are more able to emotionally associate with accident victims rather than with their own victim or other victims. However, Marshall et al. (1994, 1995) have found that child molesters were equally able to show empathy towards sexual abuse victims other than their own victim, and general child accident victims. Importantly, this showed that child molesters were able to empathise with children in general, whom the child molester should have seen as dissimilar. Importantly, the EAT found child sex offenders to be generally unempathic, but having marked victim-specific deficits. Sex offenders had difficulties empathising with children in general. However, it was not investigated whether these offenders were more empathic in the generalised vignettes that consisted of two adults interacting. This issue is certainly worth pursuing further.

Introducing a descriptive model of victim-specific empathy deficits for future research

It is now appropriate to tie together these factors that may influence the evocation of victim empathy in sex offenders. Figure 2 is a simple descriptive model of the manifestation of victim-specific empathy deficits. It presents a summary of the factors that may impact on the ability of the sex offender to be empathic towards his victim(s). Each of the factors has been mentioned in the discussion of the Emotional Apperception Test results. Future research on victim-specific empathy deficits could use a similar model to fully assess individual sex offender empathic capabilities. It is necessary that the influence of each of these factors is determined in order to provide precise assessment and treatment of the sex offender.

Figure 2. A descriptive model of the factors that may manifest victim-specific empathy deficits during, and after an offence situation.



Methodological Considerations

If the Emotional Apperception Test is to be applicable in clinical settings, further efforts must be made to assess its reliability and validity, the two prerequisites for a good psychometric instrument (Kline, 1993; Hammond, 1995). It is essential that future research can provide a fuller estimate of the EAT's consistency, particularly when one acknowledges that reliability is a prerequisite of validity (Kline, 1986; Guildford, 1956). In order to show that the EAT is self-consistent (reliable) and consistent over time it is necessary that internal reliability estimates are made with large sample sizes. Moreover, test-retest estimates (Guildford, 1956) must be made to ensure that the EAT is consistent over time.

It is also essential to further assess the validity of the EAT. In order to see if the EAT is measuring what it supposed to measure, a large number of respondents are needed to validate the test and provide normative data. There is a lack of existing tests with which to compare the EAT to, however convergent and divergent validity tests should be undertaken. For an example of convergent validity testing, the EAT could be compared to the Abel's Cognitive Distortions Questionnaire (Abel, Gore, Holland, Camp, Becker, & Rathner, 1989). Presumably, lower empathy scores on the EAT, particularly victim-specific, would correlate with high levels of distorted thinking. To test its divergent validity, the EAT could be correlated against the Marlowe-Crowne Scale of social desirability (Crowne & Marlowe, 1960). A negative relationship would be expected.

It is also important to test the validity of the EAT with respect to the empathy model (Marshall et al., 1995). The empathy reconceptualisation conceives of empathy as a four stage sequential model. Whether the EAT results support the sequential nature of the model is yet to be assessed. This could be examined in terms of conditional probabilities. For example, if the respondent has a high level of emotional replication (stage 3), then according to this model, they must have had, firstly a high level of emotional awareness, and secondly a high level of perspective taking ability. This needs to be assessed further.

EAT Design

The Emotional Apperception Test was able to provide informative material on the first three stages of the empathy model (Marshall et al., 1995). In order to fully assess the

empathic ability of the sex offender, it is imperative that the response decision stage (stage 4 of empathy model) is somehow incorporated into the future revisions of the EAT. This will indicate the behavioural response of the respondent to his (lack of) empathic feelings. For example, simply asking a behavioural question such as "If you were watching this situation, what would you do?" or something similar may access the decision of the respondent whether to act on the basis of his feelings or not. This question would control for offenders who do have the empathic capacity needed to inhibit their offending, but are able to choose to ignore this inhibition. This is an important point that needs further clarification. It is highly likely that sex offenders are able to suspend their empathic capabilities in order to offend.

Accessing Transitory States

Also important to the suspension (or lack of) empathy is the issue of transitory states. Davis (1994) has suggested that high arousal manifested by transitory states may override empathic abilities. Sexual arousal, alcohol, and negative affective states all may therefore impede on the sex offender's empathic ability during the offence chain. These factors are not surprisingly important in the manifestation of a cognitively deconstructed state (Baumeister, 1991) and are commonly present, to some extent, in the offending context.

Victim empathy may therefore differ dramatically in an assessment context as compared to the actual offending behaviour (Lipton et al., 1987; Marshall et al., 1995). This is quite logical, that emotional states differ in an emotionally aroused offending state compared to the comparatively disaroused state evident in assessment contexts. Therefore, to accurately access the actual victim empathy of the sex offender, ideally assessment should take place in as naturalistic a setting as possible. The optimal context would be when the offender is disinhibited by one, or more, of the transitory states (negative affect, sexual arousal, alcohol, social contagion) at which the sexual offending occurred, and is likely to be in a deconstructed state.

Obviously though, this poses methodological and particularly ethical problems. To induce a sexual offender into a sexually aroused or angry state requires considerable care and consideration. Furthermore, if ethical constraints were surpassed, it would be imperative to sustain this transitory state for the duration of the EAT in order to adequately access offender empathic ability in different situational categories. This may

be difficult due to the cognitive processes required to respond to the assessment. These may tend to override arousal levels (Hanson & Scott, 1995). However, it may be that the use of videotaped stimuli could induce similar offence-specific emotional states in the offender. It seems necessary that the emotional arousal be measured during the empathy assessment context, particularly if videotaped stimuli vignettes are used.

Demand Characteristics

Presently, the vignettes in the EAT are presented in narrative, in which characters are described and portrayed in contexts likely to evoke emotional responses from the respondent. A reasonable level of cognitive ability is therefore required to process the information presented in a written form. It has been suggested that this may be an inappropriate demand characteristic to access emotional states (Eisenberg & Miller, 1987; Feshbach, 1978; Iannotti, 1978; Strayer, 1987).

Intuitively, the use of videotaped vignettes (visual and audio) would provide more behavioural cues, such as verbal, tonal, postural, and facial to allow the respondent to process the situation more readily (Davis, 1994; Hanson & Scott, 1995; Strayer, 1987). These important situational cues are currently inaccessible in the EAT, and would increase respondent emotional arousal. This may circumvent existing problems with assessment of emotional replication ability. The use of video vignettes would further control for the possibly confounding effects of education, and verbal ability in the recognition of emotional states, thus enhancing at the very least the face validity of the EAT. This is not a new procedure with sex offenders. Lipton et al (1987) successfully used video taped vignettes to assess heterosexual social information processing of rapists, while Rice et al. (1994) and Chaplin, Rice, and Harris (1995) have both used audio and/or visual scenarios to assess generalised empathy in sex offenders. However, for the EAT, a problem arises with the use of video and the assessment of victim-specific empathy. Presenting the offender's own victim situation and measuring the consequential empathy is problematic for this procedure.

Physiological measures in conjunction with the EAT?

Recently, empathy researchers have stressed the need for more objective and sensitive measures of empathy (Batson, 1987, Davis, 1994, Eisenberg & Farbes, 1990). Eisenberg and Farbes (1990), for example, suggest empathy could, perhaps should, be

measured using physiological and/or facial indices. They suggest that these could be used in conjunction with self report and would, at least theoretically, be of particular use when a negative or differentiated affective state was induced (p. 142).

The advantage of using a variety of physiological assessment is that emotional arousal tends to be associated with changes in physiological responses as assessed by skin conductance, heart rate, skin temperature, vasoconstriction, and EMG procedures (see Eisenberg, Fabes, Bustamante, & Mathy, 1987). Thus, a purely objective measure of emotional arousal is possible. The problem however, is that these measures are largely undifferentiated, so it is not easy to distinguish between specific affective states. However Stotland (1969) and Krebs (1975) have shown that the use of both physiological and self report enables specific labelling of emotional arousal, in terms of an empathy situation. Given that both self report and physiological measures could be used together, a measure of skin conductance in association with the emotional replication reporting on the EAT could give a good indication of (a) the strength of the vicarious emotional response, and (b) whether the respondent was merely projecting an emotional state.

This could aid in the identification and reduction in self-presentation biases that may be prevalent in typical questionnaire-only measures of empathic ability. Specifically, physiological measures used in conjunction with the EAT could possibly measure emotional arousal across the situational categories. The assumption would be that for victim-specific situations, arousal would be either high or low depending on the offenders self reported feelings. If the offender reported feeling nothing for the victim, these measures would be low, however if the offender reported remorse and guilt, then presumably this would register to some extent on a physiological measure considering these feelings should induce emotional arousal. These physiological measures could also be used to assess emotional arousal between the groups of subjects.

Phallometric assessments could be used to examine the extent to which sexual arousal contributes to a lack of empathy. Presumably, the greater the sexual arousal in the child sex offender, the less able he will be to feel empathy towards the person in question. In this sense, sexual arousal may function as a inhibitor of empathy. This is explained by cognitive deconstruction theory (Ward, Hudson, & Marshall, 1995). Again, the measurement of sexual arousal could be used to measured across the different situational categories. It is expected that sexual arousal should be greatest when the offender is

presented with visual/audio stimuli that represent an offending situation similar to his own.

Sex Offenders

The EAT was designed to assess victim empathy in the child sex offender. Child sex offenders are, however, a heterogeneous population. Given the conglomerate of offender categories it is plausible that offenders in each category may manifest different empathic capabilities. The first step would be to administer the EAT to community based child sex offenders. The next step in developing the EAT (and assessing sex offender empathy) is to expand the instrument (or develop variations of) so that it can assess the empathic abilities of different sex offenders typologies. Of particular interest would be the investigation of the extent and nature of empathy in different attachment typologies of child molesters (Hudson et al., 1995; Ward et al., 1995; Ward et al., 1996), especially since empathy and attachment are functionally linked.

Of course, different child sex offenders may react differently to different vignettes. This would be expected especially with obviously important variables such as victim gender, age, and relationship to the offender (Stermac & Segal, 1989). This is important to the concept of victim-specificity. It may be that the offence pattern or behaviour may be the extent to which specificity should apply. Future research should consider these variables when assessing the empathic abilities of sex offenders. Moreover, since assessment and treatment are associated, it is pertinent that empathy assessment is done at both pre- and post-treatment as an evaluation of empathy treatment effects (Marshall, O'Sullivan, & Fernandez, 1996). A variation of the Emotional Apperception Test should also be created to measure victim-specific empathic competency in rapists and other offender populations such as violent offenders. Vignettes in a version of the EAT for rapists would involve adult persons and ambiguous rape type scenarios, obviously adhering to the principles that directed the construction of the EAT.

All these variations of the EAT are pertinent to the accurate assessment and treatment of the child sex offender. If the research implications and future research suggestions are adhered to, the EAT has considerable potential as a clinical instrument for use in clinical settings.

REFERENCES

Abel, G. G., Becker, J. V., & Cunningham-Rathner, J. (1984). Complications, consent and cognitions in sex between children and adults. International Journal of Law and Psychiatry, 7, 89-103.

Abel, G. G., Gore, D. K., Holland, C. L., Camp, N., Becker, J. V., & Rathner, J. (1989). The measurement of cognitive distortions of child molesters. Annals of Sex Research, 2, 135-152.

Ainsworth, M. D. S. (1989). Attachments beyond infancy. American Psychologist, 44, 709-716.

Ainsworth, M. D. S., Bowlby, J. (1991). An ethological approach to personality development. American Psychologist, 46, 333-341.

Aronfreed, J. (1968). Conduct and conscience: The socialisation of internalised control over behaviour. New York: Academic Press.

Astin, H. S. (1967). Assessment of empathic ability by means of a situational test. Journal of Counseling Psychology, 14, 57-60.

Bandura, A. (1973). Aggression: A social learning analysis. Englewood Cliffs, NJ: Prentice-Hall.

Bandura, A., Underwood, B., & Fromson, M. E. (1975). Disinhibition of aggression through diffusion of responsibility and dehumanisation of victims, Journal of Research in Personality, 9, 253-269.

Barbaree, H. E., Marshall, W. L. (1991). The role of male sexual arousal in rape: Six models. Special section: Theories of sexual aggression. Journal of Consulting and Clinical Psychology, 59 (5), 621-630.

Barbaree, H. E., Marshall, W. L., & Lanthier, R. D. (1979). Deviant sexual arousal in rapists. Behaviour Research and Therapy, 17 (3), 215-222.

Barbaree, H. E., Marshall, W. L., Yates, E., & Lightfoot, L. O. (1983). Alcohol intoxication and deviant sexual arousal in male social drinkers. Behavior Research and Therapy, 21, 365-373.

Batson, C. D. (1987). Prosocial motivation: Is it ever truely altruistic? In L. Berkowitz (Ed.), Advances in experimental social psychology. (Vol. 20), pp 65-122. New York: Academic Press.

Batson, C. D., Fultz, J., & Schorenrade, P. A. (1987). Distress and empathy: Two qualitatively distinct vicarious emotions with differnet motivational consequences. Journal of Personality, 55, 19-39.

Baumeister, R. F. (1989). Mascohism as escape from self. Journal of Sex Research, 25, 28-29.

Baumeister, R. F. (1991). Escaping the self. New York: Basic Books.

Becker, J. V., Skinner, L. j., & Abel, G. G. (1983). Sequalae of sexual assault: The survivors perspective. In J. G. Greer, & I. R. Stuart (Eds.). The sexual aggressor: Current perspectives on treatment (pp. 240-266). New York: Van Nostrand Reinhold.

Beckett, R., Beech, A., Fisher, D., & Fordham, A. S. (1994). Community based treatment for sex offenders: An evaluation of seven treatment programmes. Home Office Occasional Paper. London: Home Office.

Berkowitz, A. R. (1983). Incest as related to feelings of inadequacy, impaired empathy, and early childhood memories. Unpublished doctoral dissertation, University of Southern California, Los Angeles.

Bowlby, J. (1969). Attachment and loss, Vol. 1: Attachment (Chaps.13-22). New York: Basic Books.

Bryant, B. K. (1982). An index of empathy for children and adolescents. Child Development, 53, 413-425.

Bush, H. A. (1990). Empathy, emotional awareness, and cognitive distorting in child molesters. Unpublished manuscript, University of Canterbury, Canterbury.

Carey, J. C., Fox, E. A., & Spraggins, E. F. (1988). Replication of structure findings regarding the interpersonal reactivity index. Measurement and Evaluation in Counselling and Development, 21 (3), 102-105.

Chaplin, T. C., Rice, M. E., & Harris, G. T. (1995). Salient victim suffereing and the sexual responses of child molesters. Journal of Counselling and Clinical Psychology, 63 (2), 249-255.

Chlopan, B. E., McCain, M. L., Carbonell, J. L., & Hagen, R. L. (1985). Empathy: Review of available measures. Journal of Personality and Social Psychology, 48, 635-653.

Coan, R. W. (1972).Measurable components of openness to experience. Journal of Consulting and Clinical Psychology, 39, 346.

Coke, J. S., Batson, C. D., & McDavis, K. (1978). Empathic mediation of helping: A two stage model. Journal of Personality and Social Psychology, 36, 752-766.

Cronbach, L. J. (1955). Processes affecting scores on understanding of others and assuming "similarity". Psychological Bulletin, 52, 177-193.

Cronbach, L. J. (1971). Beyond the two disciplines of scientific psychology. American Psychologist, 30 (2), 116-122.

Cross, D. G., & Sharpley, C. F. (1982). Measurement of empathy with the Hogan empathy scale. Psychological Reports, 50, 62.

Crowne, D. P., & Marlowe, D. (1960). A new scale of social desirability independent of psychopathology. Journal of Consulting Psychology, 24, 349-354.

Davis, M. H. (1980). A multidimensional approach to individual differences in empathy. JSAS Catalog of Selected Documents in Psychology, 10, 85.

Davis, M. H. (1983a). Measuring individual differences in empathy: Evidence for a multidimensional approach. Journal of Personality and Social Psychology, 44, 113-126.

Davis, M. H. (1983b). The effects of dispositional empathy on emotional reactions and helping: A multidimensional approach. Journal of Personality , 51, 167-184.

Davis, M. H. (1994). Empathy: A social psychological approach. Madison: Brown & Benchmark Publishers.

Deitz, S. R., Blackwell, L. T., Daley, P. C., & Bentley, B. J. (1982). Measurement of empathy towards rape victims and rapists. Journal of Personality and Social Psychology, 43, 372-384.

Deutsch, F., & Madle, R. A. (1975). Empathy: Historic and current conceptualisations, and a cognitive theoretical perspective. Human Development, 18, 267-287.

Dillard, J. P., & Hunter, J. E. (1989). On the use and interpretation of the Emotional Empathy Scale, the self-consciousness Scales, and the Self-Monitoring Scale. Communication Research, 16 (1), 104-129.

Ekman, P., & Oster, H. (1979). Facial expression in emotion. Annual Reviews of Psychology, 30, 527-554.

Eisenberg, N. (1982). The development of reasoning regarding prosocial behaviour. In N. Eisenberg (Ed.), Development of prosocial behaviour (pp. 219-249). New York: Academic Press.

Eisenberg, N., & Fabes, R. A. (1990). Empathy: Conceptualisation, measurement, and relation to prosocial behaviour. Motivation and Emotion, 14, 131-149.

Eisenberg, N., & Strayer, J. (1987). Critical issues in the study of empathy. In N. Eisenberg, & J. Strayer (Eds.), Empathy and its development (pp. 3-16). New York: Cambridge University Press.

Epstein, A. W. 91975). Phylogenetic considerations. Archives of Sexual Behaviour, 4 (3), 303-308.

Feshbach, N. D. (1975). Empathy in children: Some theoretical and empirical considerations. Counseling Psychologist, 5(2), 25-30.

Feshbach, N. D. (1978). Studies of empathic behaviour in children. In B. Maher (Ed.), Progress in experimental personality research (Vol 8, pp. 1-47). New York: Academic.

Feshbach, N. D. (1987). Parental empathy and child adjustment/maladjustment. In N. Eisenberg, & J. Strayer (Eds.), Empathy and its development (pp. 271-291). New York: Cambridge University Press.

Finklehor, D. (1986). Sexual abuse: Beyond the family systems approach. Journal of Psychotherapy and the family, 2 (2), 53-65.

Finklehor, D., & Lewis, I. S. (1988). An epidemiological approach to the study of child molestation. In R. A. Prentky, & V. Quinsey (Eds.). Human Sexual Aggression: Current Perspectives. New York: New York Academy of Sciences.

Freeman-Longo, R. E. (1986). The impact of sexual victim sexualization in males. Child Abuse and Neglect, 10, 411-414.

Fultz, J. , Batson, C. D., Fortenbach, V. A., McCarthy, P. M., & Varney, L. L. (1986). Social evaluation and the empathy-altruism hypothesis. Journal of Personality and Social Psychology, 50, 761-769.

Gilgun, J. F., & Connor, T. M. (1989). How perpetrators view child sexual abuse. Contemporary Family Therapy, 10, 216-234.

Goldstein, A. P., & Michaels, G.Y.(1985). Empathy: Development, training, and consequences. Hilldale, N. J.: Erlbaum.

Groth, N. A. (1979). Men who rape: The psychology of the offender. New York: Plenum.

Groth, N. A., Longo, R. E., & McFadin, J. B. (1982). Undetected recidivism among rapists and child molesters. Crime and Deliniquency, 28 (3), 450-458.

Guerin, B. (1994). What do people think about the risks of driving> Implications for traffic safety interventions. Journal of Applied Social Psychology, 24 (11), 994-1021.

Guildford, J. P. (1956). Psychometric Methods. New York: McGraw-Hill.

Hall, G. C. N., & Hirschman, R. (1991). Towards a theory of sexual aggression: A quadripartite model. Journal of Consulting and Clinical Psychology, 59, 662-669.

Hamilton, D. L., & Lee, J. (1990). Rape knowledge and propensity to rape. Journal of Research in Personality, 24, 111-122.

Hanson, R. K., & Scott, H. (1995). Assessing perspective-taking among sexual offenders, nonsexual criminals, and nonoffenders. Sexual Abuse: A Journal of Research and Treatment, 7 (4), 259-277.

Hare, R. D. (1985). Comparison of procedures for the assessment of psychopathology. Journal of Consulting and Clinical Psychology, 53 (1), 7-16.

Hayashino, D. D., Wurtele, S. K., & Klebe, K. J. (1995). Child molesters: An examination of cognitive factors. Journal of Interpersonal Violence, 10, 106-116.

Heath, R. S. (1985). Perceived parental nurtance, parent identification and sex-role orientation for female victims of sexual abuse. Dissertation Abstracts International, 46, 4015B.

Hildebran, D., & Pithers, W. D. (1989). Enhancing offender empathy for sexual abuse victims. In D. R. Laws (Ed.), Relapse Prevention with sex offenders (pp. 236-243). New York: Guildford.

Hillbrand, M., Foster, H., & Hirt, M. (1990). Rapists and child molesters: Psychometric comparsions. Archives of Sexual Behavior, 19 (1), 65-71.

Hobson, W. F., Boland, C, & Jamieson, D. (1985). Dangerous sexual offenders. Medical Aspects of human sexuality, 19 (2), 104-119.

Hoffman, M. L. (1975). Sex differences in moral internalisation. Journal of Personality and Social Psychology, 32, 720-729.

Hoffman, M. L. (1978). Psychological and biological perspectives on altruism. International Journal of Behavioural Development, 1, 323-339.

Hoffman, M. L. (1982). Development of prosocial motivation: Empathy and guilt. In N. Eisenberg, (Ed.), Development of prosocial behaviour (pp. 281-313). New York: Academic Press.

Hoffman, M. L. (1984). Interaction of affect and cognition in empathy. In C. Izard, J. Kagan, & R. Zajonc (Eds.), Emotions, cognition, and behaviour (pp. 236-274). New York: Cambridge University Press.

Hogan, R. (1969). Development of an empathy scale. Journal of Consulting and Clinical Psychology, 33, 133-135.

Hogan, R. (1975). Empathy: A conceptual and psychometric analysis. Counseling Psychologist, 5, 14-18.

Hooker, C. A. (1987). A realistic theory of science. Albany, NY.: State University of New York.

Hoppe, C. M., & Singer, R. D. (1976). Overcontrolled hostility, empathy, and egocentric balance in violent and nonviolent psychiatric patients. Psychological Reports, 39 (3), 1303-1308.

Hornblow, A. R. (1980). The study of empathy. The New Zealand Psychologist, 9, 19-28.

Howes, C., & Espinosa, M. P. (1985). The consequences of child abuse for peer interaction. International Journal of Child Abuse and Neglect, 9, 374-404.

Hudson, S., M., Marshall, W. L., Wales, D., McDonald, E., Bakker, L., & McLean, A. (1993). Emotional recognition in sex offenders. Annals of Sex Research, 6, 199-211.

Hudson, S., M., Marshall, W. L., Ward, Johnston, P. W., & Jones, R. L. (1995). Kia Marama: A cognitive-behavioural program for incarcerated child molesters. Behaviour Change, 12 (2), 69-80.

Hudson, S., M., & Ward, T. (in press). Rape: Psychopathology and theory. In D. R. Laws & W. T. O'Donohue (Eds.), Handbook of sexual deviance: Theory and application. New York: Guildford.

Iannotti, R. (1975). The nature and measurement of empathy in children. The Counseling Psychologist, 5(2), 21-25.

Iannotti, R. (1978). Effect of role-taking experience on role taking, empathy, altruism, and aggression. Developmental Psychology, 14, 119-124.

Ickes, W. (1993). Empathic accuracy. Journal of Personality, 61 (4), 587-610.

Ickes, W., Stinson, L., Bissonnette, V., & Garcia, S. (1990). Implementing and using the dyadic interaction paradigm. In C. Hendrick & M. Clark (Eds.), Review of personality and social psychology: Research methods in personality and social psychology (Vol 11, pp. 16-44). Newbury Park, CA: Sage.

Izard, C. E. (1971). The face of emotion. New York: Appleton-Century-Crofts.

Izard, C. E. (1972). Patterns of emotions. New York: Academic.

Jenkins-Hall, K.D. (1989). Cognitive restructuring. In D. R. Laws (Ed.), Relapse prevention with sex offenders (pp. 207-215). New York: Guildford.

Johnson, J. A., Cheek, J. M., & Smither, R. (1983). The structure of empathy. Journal of Personality and Social Psychology, 45, 1299-1312.

Johnston, L. & Ward, T. (1996). Social cognition and sexual offending: A theoretical framework. Sexual Abuse: A journal of research and treatment, 8 (1), 55-74.

Karniol, R. (1982). Settings, scripts, and self-schemata: A cognitive analysis of the development of prosocial behaviour. In N. Eisenberg (Ed.), Development of prosocial behaviour (pp. 219-249). New York: Academic Press.

Katz, R. L. (1963). Empathy: Its nature and uses. New York: Free Press.

Keefe, T. (1976). Empathy: The critical skill. Social Work, 21, 10-14.

Keppel, G. (1991). Design and analysis: A researchers handbook (3rd ed.). Englewood Cliffs, NJ: Prentice-Hall.

Kline, P. (1986). A handbook of test construction: Introduction to psychometric design. New York: Methuen & Co.

Kline, P. (1993). The handbook of psychological testing. London: Routledge.

Knight, R. A., & Prentky, R. A. (1990). Classifying sex offenders: The development and corroboration of taxonomic models. In W. L. Marshall, D. R. Laws, & H. E. Barbaree (Eds.). Handbook of sexual assault: Issues, theories, and treatment of the offender. (pp. 23-54). New York: Pentium Press.

Knopp, F. H., Freeman Long, R., & Stevenson, W. F. (1992). Nationwide Survey of Juvenile and Adult Sex Offender Treatment Program and Models, Orwell, VT: Safer Society Program Publications.

Kohler, W. (1929). Gestalt Psychology. New York: Liverlight.

Lane, R. D., & Schwartz, G. E. (1987). Levels of emotional awareness: A cognitive-developmental theory and its application to psychopathology. American Journal of Psychiatry, 144 (2), 133-143.

Lane, R. D., Quinlan, D. M., Schwartz, G. E., Walker, P. A., & Zeitlin, S. B. (1990). The levels of emotional awareness scale: A cognitive-developmental measure of emotion. Journal of Personality Assessment, 55 (1&2), 124-134.

Langevin, R., Wright, P., & Handy, L. (1988). Empathy, assertiveness, aggressiveness, and defensiveness among sex offenders. Annals of Sex Research, 1, 533-547.

Lipton, D. N., McDonel, E. C., & McFall, R. M. (1987). Heterosexual perception in rapists. Journal of Consulting and Clinical Psychology, 55, 17-21.

Lisak, D., & Ivan, C. (1995). Deficits in intimacy and empathy in sexually aggressive men. Journal of Interpersonal Violence, 10 (3), 296-308.

Longo, R. E. (1983). Administering a comprehensive sexual aggressive treatment programme in a maximum security setting. In J. G. Greer, & I. R. Stuart (Eds.). The sexual aggressor: Current perspectives on treatment (pp. 177-197). New York: Van Nostrand Reinhold.

O'Donohue, W. T. & Letourneau, E. (1993). A brief group treatment for the modification of denial in child sexual abusers: Outcome and follow up. Child Abuse and Neglect, 17 (2), 299-304.

McFall, R. M. (1982). A review and reformulation of the concept of social skills. Behavioral Assessment, 4, 1-33.

McFall, R. M. (1990). The enhancement of social skills: An information processing assault: Issues, theories, and treatment of the offender. (pp. 311-330). New York: Pentium Press.

McFarlane, K. (1983). Program considerations in the treatment of incest offenders. In J. G. Greer, & I. R. Stuart (Eds.).The sexual aggressor: Current perspectives on treatment (pp. 62-79). New York: Van Nostrand Reinhold.

Malamuth, N. M. (1981). Rape proclivity among males. Journal of Social Issues, 37, 138-157.

Malamuth, N. M. (1986). Predictors of naturalistic sexual aggression. Journal of Personality and Social Psychology, 50, 953-960.

Malamuth, N. M. (1988). Predicting laboratory aggression against female and male targets: Implications for sexual aggression. Journal of Research in Personality, 22, 474-495.

Malamuth, N. M., & Brown, L. M. (1994). Sexually aggressive men's perceptions of women's communications: Testing three explanations. Journal of Personality and Social Psychology, 66, 37-47.

Malamuth, N. M., & Check, J. V. P. (1983). Sexual arousal to rape depictions: Individual differences. Journal of Abnormal Psychology, 92, 55-67.

Malamuth, N. M., Haber, S., & Feshbach, S. (1980). Testing hypotheses regarding rape: Exposure to sexual violence, sex differences, and the "normality" of rape. Journal of Personality and Social Psychology, 14, 121-137.

Maletzky, B. M. (1991). Treating the sexual offender. Beverly Hills, CA: Sage.

Marangoni, C., Garcia, S., & Ickes, W. (1995). Empathic accuracy in a clinically-relevant setting. Journal of Personality and Social Psychology, 68, 854-870.

Marshall, W. L.(1989). Invited essay: Intimacy, loneliness, and sexual offenders. Behaviour Research and Therapy, 27, 491-503.

Marshall, W. L.(1993). The treatment of sex offenders: What do the outcome data show us? A reply to Quinsey, Harris, Rice, and Lalumiere. Journal of Interpersonal Violence, 8, 524-530.

Marshall, W. L.(1996). Assessment, treatment, and theorizing about sex offenders: Developments during the past twenty years and future directions. Criminal Justice and Behavior, 23, 162-199.

Marshall, W. L., & Barbaree, H. E. (1989). Sexual violence. In K. Howells & C. R. Hollin (Eds.), Clinical approaches to violence (pp. 205-246). New York: Wiley.

Marshall, W. L., & Barbaree, H. E. (1990a). An integrated theory of the etiology of sexual offending. In W. L. Marshall, D. R. Laws, & H. E. Barbaree (Eds.). Handbook of sexual assault: Issues, theories, and treatment of the offender. (pp. 257-275). New York: Pentium Press.

Marshall, W. L., Fernandez, Y. M., Lightbody, S. & O'Sullivan (1994). The assessment of person-specific empathy deficits in child molesters. Submitted for publication.

Marshall, W. L., Hudson, S. M., Jones, R., & Fernandez, Y. M. (1995). Empathy in sex offenders. Clinical Psychology Review, 15 (2), 99-114.

Marshall, W. L., Hudson, S. M., & Ward, T. (1992). Sexual deviance. In P. H. Wilson (Ed.), Principles and practice of relapse prevention (pp. 235-254). New York: Guildford.

Marshall, W. L., Jones, R., Hudson, S. M., & McDonald, E. (1993). Generalized empathy in child molesters. Journal of Child Sexual Abuse, 2, 61-68.

Marshall, W. L., Jones, R., Ward, T., Johnston, P., & Barbaree, H. E. (1991). An optimistic evaluation of treatment outcome with sex offenders. Violence Update, 1(7), 10-11.

Marshall, W. L., & Maric, A. (1994). General empathy and self-esteem in sex offenders. Unpublished manuscript, Queen's University, Kingston, Ontario.

Marshall, W. L., O'Sullivan, C., & Fernandez, Y. M. (1996). The enhancement of vitim empathy among incarcerated child molesters. Legal and Criminological Psychology, 1, 10-19.

McFall, R. M. (1982). A review and reformulation of the concept of social skills. Behavioral Assessment, 4, 1-33.

Mead, G. H. (1934). Mind, self, and society. Chicago: University of Chicago Press.

Mehrabian, A., & Epstein, N. (1972). A measure of emotional empathy. Journal of Personality, 40, 525-543.

Mehrabian, A., Young, A. L., & Sato, S. (1988). Emotional empathy and associated individual differences. Current Psychology: Research and Reviews, 7, 221-240.

Miller, P. A., & Eisenberg, N. (1988). The relation of empathy to aggression and externalising/antisocial behaviour. Psychological Bulletin, 103, 324-344.

Moore, B. S. (1990). The origins and development of empathy. Motivation and Emotion, 14, 75-80.

Mosher, D. L., & Anderson, R. (1986). Macho personality, sexual aggression, and reactions to guilded imagery of rape. Journal of Research in Personality, 20, 77-94.

Murphy, W. D. (1990). Assessment and modification of cognitive distortions in sex offenders. In W.L Marshall, D. R. Laws, & H. E. Barbaree (Eds.). Handbook of sexual assault: Issues, theories, and treatment of the offender. (pp. 331-342). New York: Pentium Press.

Mussen, P., & Eisenberg-Berg, N. (1977). Roots of caring, sharing, and helping: The development of prosocial behavior in children. San Francisco: Freeman.

Nunnally, J. O. (1978). Psychometric theory. New York: McGraw-Hill.

O'Sullivan, M, & Guildford, J. P. (1976). Four factor tests of social inteliigence (behavioral cognition): Manual of instructions and interpretations. New York: Sheridan Psychological Services Inc.

Phelen, P. (1995). Incest and its meaning: The perspectives of fathers and daughters. Child Abuse and Neglect, 19, 7-24.

Pithers, W. (1990). Relapse prevention with sexual aggressors. In W.L Marshall, D. R. Laws, & H. E. Barbaree (Eds.). Handbook of sexual assault: Issues, theories, and treatment of the offender. (pp. 343-361). New York: Pentium Press.

Pithers, W. (1994). Process evaluation of a group therapy component designed to enhance sex offenders' empathy for sexual abuse survivors. Behavior Research and Therapy, 32, 565-570.

Pithers, W., Martin, G., & Cumming, G. F. (1989). The Vermont Treatment Program for Sexual Aggressors. In D. R. Laws (Ed.), Relapse prevention with sex offenders (pp.292-310). New York: Guildford.

Porter, J. F., & Critelli, J. W. (1994). Self-talk and sexual arousal in sexual aggression. Journal of Social and Clinical Psychology, 13, 233-239.

Prentky, R. A., & Knight, R. (1991). Identifying critical dimensions for discrimining among rapists. Journal of Consulting and Clinical Psychology, 59, 643-661.

Rada, R. T. (1978). Clinical aspects of the rapist. New York: Grune & Stratton.

Rice, M. E., Chaplin, T. E., Harris, G. E., & Coutts, J. (1990). Empathy for the victim and sexual arousal amongst rapists (Penetanguishene Mental Health Center, Research report No. 7).

Rice, M. E., Chaplin, T. E., Harris, G. E., & Coutts, J. (1994). Empathy for the victim and sexual arousal among rapists and nonrapists. Journal of Interpersonal Violence, 9 (4), 435-449.

Rogers, C. R. (1951). Client-centered therapy: Its current practice, implications, and theory. Boston: Houghton-Miffin.

Rogers, C. R. (1975). Empathic: An unappreciated way of being. The Counseling Psychologist, 5, 2-10.

Rosen, R. C., & Hall, K. S. K. (1992). Behavioural treatment approaches for offenders and victims. In W. O'Donohue & J. H. Greer (Eds.), The sexual abuse of children: Clinical issues (Vol. 2, pp. 301-330). Hillsdale, NJ: Lawrence Erlbaum.

Salter, A. (1988). Treating child sex offenders and victims- A practical guide. Beverly Hills, CA: Sage.

Scully, D.(1988). Convicted rapists' perceptions of self and victim: Role taking and emotions. Gender and Society, 2, 200-213.

Scully, D., & Marolla, J. (1984). Convicted rapists vocabulary of motive: Excuses and justifications. Social Problems, 31, 530-544.

Segal, Z. V., & Stermac, L. E. (1990). Social and cultural factors in sexual assault. In W. L. Marshall, D. R. Laws, & H. E. Barbaree (Eds.). Handbook of sexual assault: Issues, theories, and treatment of the offender. (pp. 161-174). New York: Pentium Press.

Seto, M. C. (1992). Victim blame, empathy, and disinhibition of sexual arousal to rape in community males and incarcerated rapists. Unpublished M.A. thesis, Queen's University, Kingston, Ontario.

Smeaton, G., & Byrne, D. (1987). The effects of R-rated violence and erotica, individual differences, and victim characteristics on acquaintance rape proclivity. Journal of Research in Personality, 21 (2), 171-184.

Strayer, J. (1987). Picture-story indices of empathy. In N. Eisenberg, & J. Strayer (Eds.), Empathy and its development (pp. 351-355). New York: Cambridge University Press.

Stermac, L. E., & Segal, Z. V. (1989). Adult sexual contact with children: An examintion of cognitive factors. Behavior Therapy, 20, 573-584.

Stinson, L. & Ickes, W. (1992). Empathic accuracy in the interactions of male friends versus male strangers. Journal of Personality and Social Psychology, 62, 787-797.

Stotland, E. (1969). Exploratory investigations of empathy. In L. Berkowitz (Ed.), Advances in experimental social psychology. New York: Academic Press.

Strongman, K. T. (1992). The psychology of emotion. New York: John Wiley & Sons.

Svenson, O. (1981). Are we all risky and more skillful than our fellow drivers? Acta-Psychologia, 47 (2), 143-148.

Tangney, J. P. (1990). Moral affect: The good, the bad, and the ugly. Journal of Research in Personality, 61, 598-607.

Thomas, G, & Fletcher, G. J. O. (in press). Empathic accuracy in romantic relationships

Thompson, R. A. (1987). Empathy and emotional understanding: The early development of empathy. In N. Eisenberg, & J. Strayer (Eds.), Empathy and its development (pp. 119-145). New York: Cambridge University Press.

Tomkins, S. S. (1963). Affect, imagery, consciousness: Vol. 1. The negative effects. New York: Springer.

Ward, T., Hudson, S. M., & France, K. G. (1993). Self-reported reasons for offending behavior in child molesters. Behavior Research and therapy, 32, 431-437.

Ward, T., Hudson, S. M., Johnston, L., & Marshall, W. L. (1996). Cognitive distortions in sex offenders: An integrative review. Manuscript under review

Ward, T., Hudson, S. M., & Marshsall, W. L. (1994). The abstinence violation effects in child molesters. Behaviour Research and Therapy, 32, 431-437.

Ward, T., Hudson, S. M., & Marshsall, W. L. (1995b). Cognitive distortions and affective deficits in sex offenders: A cognitive deconstructionist interpretation. Sexual Abuse: A Journal of Research and Treatment, 7, 67-83.

Ward, T., Hudson, S. M., & Marshsall, W. L., & Siegert, R. (1995). Attachment style and intimacy deficits in sex offenders: A theoretical framework. Sexual Abuse: A Journal of Research and Treatment, 7, 217-335.

Ward, T., Hudson, S. M., & McCormack, J. (in press). Attachment style, intimacy deficits, and sexual offending. In H. Cellini & B. Schwarrtz (Eds.). The sex offender: Corrections, treatment, and legal practice.

Ward, T., Louden, K., Hudson, S. M., & Marshall, W. L. (1995a). A descriptive model of the offence chain for child molesters. Journal of Interpersonal Violence, 10 (4), 452-472.

Ward, T., & Johnston, L. (1996). Social cognition and sexual offending: A theoretical framework. Sexual Abuse: A Journal of Resarch and Treatment, 3 (1), 55-77.

Weiss, R. S. (1982). Attachment in adult life. In C. M. Parkes & I. Steveson-Hinde (Eds.), The place of attachment in human behavior (pp. 171-185). New York: Basic Books.

Wiener, R. L., Wiener, A. T., & Grisso, T. (1989). Empathy and biased assimilation of testimonies in cases of alleged rape. Law and Human Behavior, 13 (4), 343-355.

Williams, L. M., & Finklehor, D. (1990). The characteristics of incestuous fathers. In W. L. Marshall, D. R. Laws, & H. E. Barbaree (Eds.). Handbook of sexual assault: Issues, theories, and treatment of the offender. (pp. 161-174). New York: Pentium Press.

Wickes, B. R., & Madigan, R. (1985, August). Paternal bonding, self-esteem and sexual abuse: A retrospective study. Paper presented at the American Psychological Association's Annual Meeting, Los Angeles.

Yates, L., Barbaree, H. E., & Marshall, W. L. (1984). Anger and deviant sexual arousal. Behavior Therapy, 15, 287-294.

Appendices

Appendix A

Emotional Reactivity Index

Information and consent

You are invited to participate in the first stage of a research project, examining empathy in sex offenders. Empathy is conceptually thought as being a multicomponent process, whereby different components are each important to the content of an empathic response. This questionnaire will be used to develop an instrument that will measure each of these stages that are essential to an empathic response. From this initial study, questions will be chosen for inclusion in a further study administered to sex offenders. These questions will be based on your cumulative responses to this questionnaire. This will enable a more specific and accurate definition of empathy to be used to assess empathy deficits within various offender types, such as violent and sexual offenders.

All that is required is that you complete the following questionnaire which is entirely anonymous, and you will not be identified as an informant. Due to the sensitive nature of this study, you may at any time withdraw your participation, including withdrawal of any information you have provided. By completing the questionnaire, however, it will be understood that you have consented to participate in the project, and that you consent to publication of the results of the project with the understanding that anonymity will be preserved.

Importantly, due to the sometimes sensitive nature of the stories that you will read, a list of phone help lines are attached to the end of this questionnaire for your use if deemed necessary. To reiterate, you may withdraw your participation from this study at any time. This questionnaire will take approximately 25-30 minutes to complete. Thank you for your time.

This study is being carried out by Jayson Ware who can be contacted during office hours at University (ph. 366-7001, ext. 7190) with any questions or concerns.

The Emotional Reactivity Index

Instructions

You will read brief stories involving two persons in various circumstances. Some of the stories may involve an abusive/harmful situation, whereas others may involve a nonabusive/nonharmful situation. In some other stories, it may be quite difficult to tell whether the situation is harmful or not. You are simply asked to weigh up each situation in terms of the various factors involved and give your best guess as to how the individual in question is feeling in each story. The age of the individuals in each story change, so be careful to consider how a person of each age group would feel about the situation. It is important to note that there are no right or wrong answers, so all that is required is your best judgement for each story. Please answer each question, even when you are not sure of your answer.

This questionnaire is enirely anonymous and you may at any time withdraw your participation. By completing the questionnaire, however, it will be understood that you have consented to particpate in the project, and that you consent to publication of the results of the project with the understanding that anonymity will be preserved.

Demographic Details

Please indicate your gender (circle correct gender)

1. Male 2. Female.

Please indicate your age in the box provided.

Question 1.

Rebecca, age 9, and her best friend Julie were playing on the swing at Rebecca's house. Julie started swinging harder an harder until the swing broke. Rebecca's mother came running out when she heard the noise. She saw the broken swing and told Julie to go home, and Rebecca to go to her room. She blamed Rebecca for breaking the swing. Rebecca is most likely feeling (circle your best guess)

1. very upset or unhappy.
2. moderately upset or unhappy.
3. slightly upset or unhappy.
4. neutral, neither unhappy or happy, I cannot really tell.
5. slightly good, happy, cheerful.
6. moderately good, happy, cheerful.
7. very good, happy, cheerful.

Question 2.

One Saturday morning, Sarah, age 12, was walking home from the local shops by herself. Just before she reached the end of the street, John, age 36, who had been drinking all night failed to stop at a red light, lost control of his car and slammed into Sarah, crushing her into a wall. Sarah suffered massive internal injuries as well as numerous broken bones. She is now out of hospital but will live with a permanent disability and is afraid to walk alone next to a road. Sarah most likely feels

1. very upset or unhappy.
2. moderately upset or unhappy.
3. slightly upset or unhappy.
4. neutral, neither unhappy or happy, I cannot really tell.
5. slightly good, happy, cheerful.
6. moderately good, happy, cheerful.
7. very good, happy, cheerful.

Question 3.

Richard, age 30, caught the bus to town one Saturday morning. He almost missed the bus and only got to the bus stop just in time. Even now he was running late for a meeting in town and was hoping that the bus would not stop again on the way into town. The bus stopped at an intersection, and Richard saw an elderly woman trying to wave down the bus so it would stop for him. The bus driver did not see the old woman and carried on. Richard would most likely feel

1. very upset or unhappy.
2. moderately upset or unhappy.
3. slightly upset or unhappy.
4 neutral, neither unhappy or happy, I cannot really tell.
5. slightly good, happy, cheerful.
6. moderately good, happy, cheerful.
7. very good, happy, cheerful.

Question 4.

A man is walking down the street. An eight year old girl approaches the man and asks him directions. They have seen each other in the neighbourhood, but they have not met before. They talk briefly. The girl is smiling. Before she leaves, the man gives her a hug and a kiss. As she leaves, the girl is most likely to feel

1. very upset or unhappy.
2. moderately upset or unhappy.
3. slightly upset or unhappy.
4. neutral, neither unhappy or happy, I cannot really tell.
5. slightly good, happy, cheerful.
6. moderately good, happy, cheerful.
7. very good, happy, cheerful.

Question 5.

Keren, age 13, was walking to the dairy. It is a warm summers day and she is wearing shorts and a T-shirt. On the way there, she passes a single sex high school for boys. Even though school has finished there are still alot of boys sitting around by the gates. As she walks past, one of the boys says, "Nice day isn't it"?. Keren has never seen this boy before. She says, "Yeah, it is", and continues walking past. The boy then says, "And you look nice, too". When Keren hears this, she is most likely to feel

1. very upset or unhappy.
2. moderately upset or unhappy.
3. slightly upset or unhappy.
4. cannot tell, neutral.
5. slightly good, happy, cheerful.
6. moderately good, happy, cheerful.
7. very good, happy, cheerful.

Question 6.

Terry, age 23, had a particularly bad day. He got fired from work, and on his way home got a ticket for speeding. He decided to stop at the pub on the way home. When he arrived home, he was drunk and extremely angry. He crept into his daughter's bedroom and climbed into bed with her. He woke her up and whispered that she was the only one who really understood him. His daughter most likely would feel

1. very upset or unhappy.
2. moderately upset or unhappy.
3. slightly upset or unhappy.
4. cannot tell, neutral.
5. slightly good, happy, cheerful.
6. moderately good, happy, cheerful.
7. very good, happy, cheerful.

Question 7.

Jack has a good relationship with his daughter, Tracey, who is now turning 13. Jack still occasionally tucks Tracey into bed at night. One night, Jack sits on the edge of Tracey's bed and rubs her back. He then massages her shoulders. She tells her father that she has had enough massage, and that she would like to go to sleep now. Jack gives her a kiss on her forehead, and leaves. Tracey is most likely to feel

1. very upset or unhappy.
2. moderately upset or unhappy.
3. slightly upset or unhappy.
4. cannot tell, neutral.
5. slightly good, happy, cheerful.
6. moderately good, happy, cheerful.
7. very good, happy, cheerful.

Question 8.

Stuart, age 18, often comes to play with his nephew, Chris, age 12. They often play sports. One day, Stuart brings Chris a couple of magazines with pictures of naked women. When asked if he wanted to see them, Chris said yes. As they look at the magazines, Stuart notices from a bump in Chris' pants that Chris is getting an erection (hard-on). Stuart reaches over and touches the bump in Chris's pants. Chris is most likely to feel

1. very upset or unhappy.
2. moderately upset or unhappy.
3. slightly upset or unhappy.
4. cannot tell, neutral.
5. slightly good, happy, cheerful.
6. moderately good, happy, cheerful.
7. very good, happy, cheerful.

Question 9.

Katie, age 7, fell off a swing and bruised and cut her back and bottom. Her mother took her to see Dr. Reid, age 43, who was their family doctor. Dr. Reid cleaned the cuts, and put plasters on Katie's bottom. As he did this, he told Katie that she was a brave little girl and that the cuts would heal quickly. Before Katie left, Dr. Reid gave her a small kiss on her forehead. Katie would most likely feel

1. very upset or unhappy.
2. moderately upset or unhappy.
3. slightly upset or unhappy.
4. cannot tell, neutral.
5. slightly good, happy, cheerful.
6. moderately good, happy, cheerful.
7. very good, happy, cheerful.

Question 10.

Stefan, age 34, works until late at night. When he arrives home he always checks on his daughter Rachael, age 9, to see if she is alright. One night, he sees that she is tossing and turning in her sleep. He sits on the bed next to her, kisses her on the cheek, and cuddles her tightly. Rachael wakes up with a fright, but sees that it is her father. Rachael is most likely to feel

1. very upset or unhappy.
2. moderately upset or unhappy.
3. slightly upset or unhappy.
4. cannot tell, neutral.
5. slightly good, happy, cheerful.
6. moderately good, happy, cheerful.
7. very good, happy, cheerful.

Question 11.

Lisa, age 11, does not get on with her parents, whom she regards as being unfair, and mean. One day, Lisa's father sends her to her room for not eating her tea. Lisa runs away, and is gone for a week. She stays at her friends house. Her parents do not know where she is. When she returns home a week later, her father is most likely to feel

1. very upset or unhappy.
2. moderately upset or unhappy.
3. slightly upset or unhappy.
4. neutral, neither unhappy or happy, I cannot really tell.
5. slightly good, happy, cheerful.
6. moderately good, happy, cheerful.
7. very good, happy, cheerful.

Question 12.

Jason, age 28, enjoys drinking at the local pub every Friday night with his friends. One night he is talking with his ex-girlfriend, Sarah, age 26, when her current boyfriend arrives. He does not look particularly impressed that Sarah is talking to Jason, even though he does not realise that Jason and Sarah used to go out. Jason offers to buy him a drink, but he declines telling Jason that he is a loser and to get out of his sight. Jason is most likely to feel

1. very upset or unhappy.
2. moderately upset or unhappy.
3. slightly upset or unhappy.
4. neutral, neither unhappy or happy, I cannot really tell.
5. slightly good, happy, cheerful.
6. moderately good, happy, cheerful.
7. very good, happy, cheerful.

Question 13.

Simon, age 24, asked his girlfriend to put a bet on for him at the TAB. It was the Melbourne Cup and Simon was sure number 4 was going to win, so he bet quite a lot of money on it. When he arrived home from work to watch the race, his girlfriend gave him the betting ticket. It was the wrong horse, but it was the horse that got second, whereas number 4 did not get anywhere. Simon is most likely feeling

1. very upset or unhappy.
2. moderately upset or unhappy.
3. slightly upset or unhappy.
4. neutral, neither unhappy or happy, I cannot really tell.
5. slightly good, happy, cheerful.
6. moderately good, happy, cheerful.
7. very good, happy, cheerful.

Question 14.

Ngaire, age 9, was riding home from school on her new mountain bike that she got for her birthday. As she was riding past the shopping centre, an old lady opened her car door in front of Ngaire. Ngaire could not stop in time and she hit the open door, falling over her handlebars and on to the road. Ngaire was not hurt apart from a few small cuts and scratches, but her bike was broken. A man who had seen the accident helped Ngaire and explained to her that "she was really lucky that she was not seriously hurt. It could have been a lot worse". Ngaire was most likely feeling

1. very upset or unhappy.
2. moderately upset or unhappy.
3. slightly upset or unhappy.
4. neutral, neither unhappy or happy, I cannot really tell.
5. slightly good, happy, cheerful.
6. moderately good, happy, cheerful.
7. very good, happy, cheerful.

Question 15.

Megan, age 25, raised her daughter Beth, age 4, by herself as Beth's father left Megan for another woman. One morning, when Megan was washing Beth, She inserted her finger in Beth's bottom to clean her thoroughly. She then cleaned Beth's vagina in the same manner. Beth is mostly feeling

1. very upset or unhappy.
2. moderately upset or unhappy.
3. slightly upset or unhappy.
4. cannot tell, neutral.
5. slightly good, happy, cheerful.
6. moderately good, happy, cheerful.
7. very good, happy, cheerful.

Question 16.

Terry's older brother died of cancer when Terry was only 5 years old. Terry spent a long time getting over his loss. One day while at work, one of his female work mates mentioned that Terry was looking very attractive. But she knew that Terry had a girlfriend, so she told Terry that if he had a brother she would go out with him. On hearing this, Terry is most likely to feel

1. very upset or unhappy.
2. moderately upset or unhappy.
3. slightly upset or unhappy.
4. neutral, neither unhappy or happy, I cannot really tell.
5. slightly good, happy, cheerful.
6. moderately good, happy, cheerful.
7. very good, happy, cheerful.

Question 17.

Sandra, age 46, was never very close to her mother. Her mother was very disciplined and strict when Sandra was young, and she remained cold and negative when Sandra got married and had children. However Sandra's mother was always very kind and loving to Sandra's children, and showered them with gifts. They were always happy when they were with their grandmother. One day, Sandra heard that her mother had just died. Sandra would most likely feel

1. very upset or unhappy.
2. moderately upset or unhappy.
3. slightly upset or unhappy.
4. neutral, neither unhappy or happy, I cannot really tell.
5. slightly good, happy, cheerful.
6. moderately good, happy, cheerful.
7. very good, happy, cheerful.

Question 18.

Kahu, age 8, often plays by himself by the river. One day when he is down by the river, he sees Sam, who owns the local dairy. Sam comes up to Kahu and they talk for a while. Sam tells Kahu that he could get a lot of candy if he would play a special game. Kahu agrees. Sam then takes down his pants and tells Kahu to play with his penis. Kahu does it. Kahu is most likely to feel

1. very upset or unhappy.
2. moderately upset or unhappy.
3. slightly upset or unhappy.
4. cannot tell, neutral.
5. slightly good, happy, cheerful.
6. moderately good, happy, cheerful.
7. very good, happy, cheerful.

Question 19.

Peter, age 24, and his friend work together at an accounting firm. They usually work together on the big projects that they are given. There is a prize given annually to the best performance of the year in terms of the quality of work done on a work project. Peter and his friend work hard to win this prize. At the end of year party the winner is announced, it is Peter's friend. How is Peter most likely to feel?

1. Very upset or unhappy.
2. Moderately upset or unhappy.
3. Slightly upset or unhappy.
4. Neutral, neither unhappy or happy, I cannot really tell.
5. Slightly good, happy, cheerful.
6. Moderately good, happy, cheerful.
7. Very good, happy, cheerful.

Question 20.

Rita, age 13, didn't like the milk boys who delivered milk to her street. She loved to hide in the large tree in her front yard and poke fun at the milk boy delivering milk below her. She would call them names and laugh at them. One day it was really hot and she had decided to throw cold water over the milk boy. Just before the milk boy arrived, she slipped on a bent branch and fell to the ground. She just sat there stunned. The milk boy saw her fall and is most likely to feel

1. very upset or unhappy.
2. moderately upset or unhappy.
3. slightly upset or unhappy.
4. neutral, neither unhappy or happy, I cannot really tell.
5. slightly good, happy, cheerful.
6. moderately good, happy, cheerful.
7. very good, happy, cheerful.

Question 21.

John, age 19, enjoys playing poker with his friends on every second Friday night. They usually bet $5 per game and some nights John has won over $200, whereas other nights he has lost over $150. One night, they decide to increase the stakes and play for $20 a game. John does not think he should do this as he has to buy a birthday present for his 6 year old son, Richard. During the night, John loses badly. He has lost over $250, but he has a good final hand for the night. To make sure he wins, he cheats by sneaking a look at his friend's cards. Sure enough he wins heaps of money. As he is thinking of the present he will buy his son, he notices his other friends are laughing at his friend who lost. John is most likely to feel

1. very upset or unhappy.
2. moderately upset or unhappy.
3. slightly upset or unhappy.
4. neutral, neither unhappy or happy, I cannot really tell.
5. slightly good, happy, cheerful.
6. moderately good, happy, cheerful.
7. very good, happy, cheerful.

Question 22.

Jenny, age 11, and her family rarely visit her Aunt Margaret, age 28, because Margaret lives out of town. One time when Jenny's family is visiting Margaret, Jenny's parents want to go to housie. Jenny hates housie, and decides to stay behind with Margaret. Margaret and Jenny play for a while, and then Margaret asks if she would like a massage. Jenny says "yes." Margaret asks her to strip down to her underwear and then Margaret gently rubs Jenny's whole body. Jenny is most likely to feel

1. very upset or unhappy.
2. moderately upset or unhappy.
3. slightly upset or unhappy.
4. neutral, neither unhappy or happy, I cannot really tell.
5. slightly good, happy, cheerful.
6. moderately good, happy, cheerful.
7. very good, happy, cheerful.

Question 23.

Jane, age 9, visits her cousin Raymond, age 18, about once a month. Jane usually rides her bike by herself to Raymond's house. Raymond lets her play with his computer games and exercise equipment. One day, Jane tells Raymond that she is a big, strong girl now and she could wrestle Raymond to the ground. Raymond accepts the challenge and wrestles with her (not really trying) for several minutes before allowing himself to be pinned on his back. He then threatens that if she does not let him go he will kiss her and give her "boy germs." Jane then pauses for a moment and then gets off him. Jane is most likely feeling

1. very upset or unhappy.
2. moderately upset or unhappy.
3. slightly upset or unhappy.
4. neutral, neither unhappy or happy, I cannot really tell.
5. slightly good, happy, cheerful.
6. moderately good, happy, cheerful.
7. very good, happy, cheerful.

Question 24.

Peter is sitting on the edge of a cliff watching the ships sailing into the harbour. It is a quiet spot where he usually goes to relax. He hears some voices behind him, talking about how isolated it is up here on the cliff. The voices come closer and he sees a group of young men, one of which is coming toward him. Peter is likely to feel

1. very upset or unhappy.
2. moderately upset or unhappy.
3. slightly upset or unhappy.
4. neutral, neither unhappy or happy, I cannot really tell.
5. slightly good, happy, cheerful.
6. moderately good, happy, cheerful.
7. very good, happy, cheerful.

Question 25.

Kere, age 5, often plays on her bike at the park just down the road from her house. One afternoon, she notices a man watching her. He is wearing a big hat which Kere thinks looks funny. After a short while, the man waves to Kere and stands up to leave. Kere rides closer to say goodbye. The man smiles, waves again and walks off. Kere is most likely feeling

1. very upset or unhappy.
2. moderately upset or unhappy.
3. slightly upset or unhappy.
4. neutral, neither unhappy or happy, I cannot really tell.
5. slightly good, happy, cheerful.
6. moderately good, happy, cheerful.
7. very good, happy, cheerful.

Question 26.

Talalofia, age 67, enjoys looking after his grandson, Malafunga, age 9. One day, Malafunga was riding his bike around the backyard when he fell off, cutting his knee. Talalofia heard Malafunga crying and to comfort him, he picked Malafunga up and bounced him up and down on his lap. When Malafunga finished crying, Talalofia continued to bounce him on his lap. Malafunga is most likely to feel

1. very upset or unhappy.
2. moderately upset or unhappy.
3. slightly upset or unhappy.
4. neutral, neither unhappy or happy, I cannot really tell.
5. slightly good, happy, cheerful.
6. moderately good, happy, cheerful.
7. very good, happy, cheerful.

Question 27.

Anna, age 6, goes with her parents to visit Uncle John, her mother's brother. John lives by himself and has never married. John seems pleased to see Anna and her parents. He gives Anna a big hug, lifting her completely off the ground and calls her "his favourite niece." Anna is most likely to feel

1. very upset or unhappy.
2. moderately upset or unhappy.
3. slightly upset or unhappy.
4. neutral, neither unhappy or happy, I cannot really tell.
5. slightly good, happy, cheerful.
6. moderately good, happy, cheerful.
7. very good, happy, cheerful.

Question 28.

Eric, age 22, and Charles, age 18, like to run on the beach every Sunday. They do this to relax and talk about their weeks. One summer morning, they decide to have a race along the beach for a couple of dollars. Charles reaches the stated finish line first. He looks back to see that Eric has stood on something, and is sitting on a log. Charles is mostly likely to be feeling

1. very upset or unhappy.
2. moderately upset or unhappy.
3. slightly upset or unhappy.
4. neutral, neither unhappy or happy, I cannot really tell.
5. slightly good, happy, cheerful.
6. moderately good, happy, cheerful.
7. very good, happy, cheerful.

Question 29.

Sally, age 12, was waiting in the queue at the supermarket when the man in front of her dropped a twenty dollar note on the ground. Sally looked around and it seemed that no one had seen this. She quickly picked it up and put it in her pocket. When she was outside the supermarket, she heard the man telling his wife he must have dropped twenty dollars. His wife told him to go back into the supermarket and look for it. Sally is most likely to feel

1. very upset or unhappy.
2. moderately upset or unhappy.
3. slightly upset or unhappy.
4. neutral, neither unhappy or happy, I cannot really tell.
5. slightly good, happy, cheerful.
6. moderately good, happy, cheerful.
7. very good, happy, cheerful.

Question 30.

Moana, age 23, was having lunch at a restaurant with close friends that she hadn't seen for ages. Everyone is enjoying their meal and drinking a lot of good wine. After desert they were having coffee when one of Moana's friends accidentally knocked her coffee over, spilling it over Moana's new dress, which she had brought for the occasion. Moana most likely felt

1. very upset or unhappy.
2. moderately upset or unhappy.
3. slightly upset or unhappy.
4. neutral, neither unhappy or happy, I cannot really tell.
5. slightly good, happy, cheerful.
6. moderately good, happy, cheerful.
7. very good, happy, cheerful.

Question 31.

Hayley, age 14, plays volleyball every Tuesday after school. One day during a game against one of the top teams in the competition, Hayley injured her ankle when she fell after scoring a point. It was an important game for Hayley as it was the first game her father had come to watch and they had to win to reach the finals. Hayley injured her ankle in the first couple of minutes and could not play in the rest of the game. Hayley's father left to go back to work when he saw his daughter could not continue playing. Hayley's team won. Hayley is most likely feeling

1. very upset or unhappy.
2. moderately upset or unhappy.
3. slightly upset or unhappy.
4. neutral, neither unhappy or happy, I cannot really tell.
5. slightly good, happy, cheerful.
6. moderately good, happy, cheerful.
7. very good, happy, cheerful.

Question 32.

Brent, age 12, lives with his parents and two younger sisters. His cousin, Jackie, age 19, moved in with them a year ago after she found a job in that city. One summer day when Jackie is walking in the park with Brent, she asks him if he has ever seen a woman's breasts. He says "no." She then slowly removes her top and asks him if he wants to touch her breasts. He touches them. She then reaches down and starts to undo his pants. Brent is most likely to feel

1. very upset or unhappy.
2. moderately upset or unhappy.
3. slightly upset or unhappy.
4. neutral, neither unhappy or happy, I cannot really tell.
5. slightly good, happy, cheerful.
6. moderately good, happy, cheerful.
7. very good, happy, cheerful.

Question 33.

Nathan, age 16, usually stops at the 24 hour service station on his way home from town on Friday nights. He regularly buys a packet of cigarettes and a bottle of coke. He is always served by a young woman attendant who is really unfriendly towards him. One Friday night, while Nathan is waiting in line to buy his cigarettes, a young boy in front of him runs out of the shop without paying for anything. The woman attendant could not catch him. She looks really distressed. Nathan is most likely to feel

1. very upset or unhappy.
2. moderately upset or unhappy.
3. slightly upset or unhappy.
4. neutral, neither unhappy or happy, I cannot really tell.
5. slightly good, happy, cheerful.
6. moderately good, happy, cheerful.
7. very good, happy, cheerful.

Question 34.

Pam, age 34, asked her neighbour if he could help her repair an old wooden desk. Jeff, her neighbour readily agreed. They had to take two legs off to repair the underneath of the desk. As they were putting the last leg on, Jeff asked Pam to hold the long nail straight as he couldn't reach it properly. Pam did this. While Jeff was hammering, Pam shifted slightly causing Jeff to miss the nail and hit Pam's finger. Pam didn't do anything. Jeff would most likely feel

1. very upset or unhappy.
2. moderately upset or unhappy.
3. slightly upset or unhappy.
4. neutral, neither unhappy or happy, I cannot really tell.
5. slightly good, happy, cheerful.
6. moderately good, happy, cheerful.
7. very good, happy, cheerful.

Question 35.

David, age 13, often goes over to his friend Reewa's house to read comic books and build model planes. Reewa's father, Mr Te Whaka, frequently looks in on the boys and chats to them about what they are doing. One day, David goes over to finish a model he left at Reewa's. Mr Te Whaka answers the door and says that Reewa would not be back until late, but that he could come in and work on the model anyway. David comes in and Mr Te Whaka stays with David, talking and helping him with his model. David has to leave before Reewa is due back. Mr Te Whaka puts his hand on David's shoulder and tells David that he enjoyed his visit and that he is free to come by whenever he wants. As David leaves, he is mostly to feel

1. very upset or unhappy.
2. moderately upset or unhappy.
3. slightly upset or unhappy.
4. neutral, neither unhappy or happy, I cannot really tell.
5. slightly good, happy, cheerful.
6. moderately good, happy, cheerful.
7. very good, happy, cheerful.

Question 36.

Sven, age 11, had complained of a sore throat for a couple of days. His mother took him to see their local doctor who diagnosed a bad case of the flu, which was going around at that time. He prescribed medication that was supposed to reduce the soreness in Sven's throat. The next day after taking the medicine, Sven broke out into a large rash all over his body which lasted for several days even though his sore throat got better. Sven have would most likely felt

1. very upset or unhappy.
2. moderately upset or unhappy.
3. slightly upset or unhappy.
4. neutral, neither unhappy or happy, I cannot really tell.
5. slightly good, happy, cheerful.
6. moderately good, happy, cheerful.
7. very good, happy, cheerful.

Question 37.

Richard and Belinda have been seeing each other for 2 years and have lived together for 6 months. Recently, Belinda moved out to start a new job in a different city. Richard was unable to shift with her. Richard feels badly that she is away. She does not have enough time to talk when he calls and she discourages him from coming to see her in the weekends, claiming that it is too expensive. One evening she rings Richard wanting to break up with him. Richard is not home, but a woman answers the phone. Belinda is most likely to feel

1. very upset or unhappy.
2. moderately upset or unhappy.
3. slightly upset or unhappy.
4. neutral, neither unhappy or happy, I cannot really tell.
5. slightly good, happy, cheerful.
6. moderately good, happy, cheerful.
7. very good, happy, cheerful.

Question 38.

When Sarah, age 14, is walking home, she decides to take a short cut through the woods. As she is walking, she notices that there is a man following her. She has never seen the man before, but she notices that he is very attractive. The man walks fast and catches her up. Without saying a word, he holds onto her arm. Sarah is most likely to feel

1. very upset or unhappy.
2. moderately upset or unhappy.
3. slightly upset or unhappy.
4. neutral, neither unhappy or happy, I cannot really tell.
5. slightly good, happy, cheerful.
6. moderately good, happy, cheerful.
7. very good, happy, cheerful.

Question 39.

Julia, age 6, loves playing in the sand pit at her uncle's house. Every time she visits her uncle she would play in this sand pit, even if it was raining or cold outside. One day after visiting her uncle, she arrived home with her family to find a sand pit in her own backyard. Julia would most likely feel

1. very upset or unhappy.
2. moderately upset or unhappy.
3. slightly upset or unhappy.
4. neutral, neither unhappy or happy, I cannot really tell.
5. slightly good, happy, cheerful.
6. moderately good, happy, cheerful.
7. very good, happy, cheerful.

Question 40.

John, age 17, often visits his Uncle's house in the weekends so he can watch the rugby on Sky TV. His cousin, Roderick, age 7, often watches too. One weekend, John and Roderick are watching Sky movies, when a adult movie comes on. John tells Roderick that he should watch and learn from the movie. Half way through the movie, John shows Roderick his erect penis. Roderick is most likely to feel

1. very upset or unhappy.
2. moderately upset or unhappy.
3. slightly upset or unhappy.
4. neutral, neither unhappy or happy, I cannot really tell.
5. slightly good, happy, cheerful.
6. moderately good, happy, cheerful.
7. very good, happy, cheerful.

Question 41.

James, age 20, coaches a hockey team for 6 year old boys. One of his favourite players is Troy, who always asks James for a ride home after the game. Troy's parents never watch him play hockey. After winning their first game of the season, James asks Troy if he would like to go to MacDonalds to celebrate. But first they should go home to James' flat to shower and change into clean clothes. Troy quickly agrees. Troy is likely to be feeling

1. very upset or unhappy.
2. moderately upset or unhappy.
3. slightly upset or unhappy.
4. neutral, neither unhappy or happy, I cannot really tell.
5. slightly good, happy, cheerful.
6. moderately good, happy, cheerful.
7. very good, happy, cheerful.

Question 42.

Solomon, age 14, had always wanted to cook tea for his family. One winters day his mother and father were both sick with the flu, so Solomon decided to make them a special meal. His mother warned him not to make too much of a mess as his Aunty was coming around later. Solomon cooked a big meal and tided up the kitchen. After he finished his meal he went back into his parents bedroom to collect the dishes. His mother and father had hardly touched their dinner, but told him it was nice. His father got up to check the kitchen. Solomon would most likely be feeling

1. very upset or unhappy.
2. moderately upset or unhappy.
3. slightly upset or unhappy.
4. neutral, neither unhappy or happy, I cannot really tell.
5. slightly good, happy, cheerful.
6. moderately good, happy, cheerful.
7. very good, happy, cheerful.

Question 43.

Ashley, age 7, spends a lot of time with her step-father, Luke. She feels really close to him and they talk about all sorts of things together. Ashley rarely sees her mother. Her mother comes home late from work and goes out on the weekends. When her mother does come home, Ashley often hears her arguing with Luke. One night when Ashley was in bed, she heard her door open. Luke walks in, wearing only a loose bathrobe. He climbs into bed with her. He tells her that he loves her more than he loves her mother. Ashley lies quietly, saying nothing, as he caresses her back and kisses her. Ashley is most likely to feel

1. very upset or unhappy.
2. moderately upset or unhappy.
3. slightly upset or unhappy.
4. neutral, neither unhappy or happy, I cannot really tell.
5. slightly good, happy, cheerful.
6. moderately good, happy, cheerful.
7. very good, happy, cheerful.

Question 44.

John, age 34, coaches a rugby team for boys 10 to 12 years old. After a game at the end of the season, he invites the team to his house for fish and chips. The boys have fun at John's house playing with his video games and looking at his rugby books and magazines. As all the other boys leave, John asks Mark to stay behind. John then tells Mark that he is really special and that he would like to keep in contact with him even though the rugby season is now over. John pats Mark on the shoulder as Mark leaves. Mark is most likely to feel

1. very upset or unhappy.
2. moderately upset or unhappy.
3. slightly upset or unhappy.
4. neutral, neither unhappy or happy, I cannot really tell.
5. slightly good, happy, cheerful.
6. moderately good, happy, cheerful.
7. very good, happy, cheerful.

Question 45.

Nathan's mother tucks him into bed most nights. Even now that he is 10, she comes into his bedroom before he falls asleep. She usually talks to him briefly, tells him that she loves him, and then turns out the lights. One day, after telling him what a special little boy he is, she says that she is going to tuck him in especially good that night. She then tucks the blankets around his body, kisses him on the forehead, and turns out the lights as she is leaving. Nathan is most likely to feel

1. very upset or unhappy.
2. moderately upset or unhappy.
3. slightly upset or unhappy.
4. neutral, neither unhappy or happy, I cannot really tell.
5. slightly good, happy, cheerful.
6. moderately good, happy, cheerful.
7. very good, happy, cheerful.

Question 46.

Frank and his wife often babysit Lucy, age 4, for their neighbours. One morning, the neighbours asked Frank if he would mind baby sitting even though his wife was working that day. Frank readily agreed. After watching a movie on television, Frank decided it was time to give Lucy a bath, which Lucy happened to like. When the water was warm enough Frank undressed Lucy and put her in the bath. He washed Lucy with a warm flannel and soap. Lucy is most likely to feel

1. very upset or unhappy.
2. moderately upset or unhappy.
3. slightly upset or unhappy.
4. neutral, neither unhappy or happy, I cannot really tell.
5. slightly good, happy, cheerful.
6. moderately good, happy, cheerful.
7. very good, happy, cheerful.

Question 47.

Eru, age 67, wanted to buy his granddaughter a really nice gift for her 10th birthday. In order to buy what he wanted, he had to sell his war medals that he had treasured for so long. His wife was not very happy about this. When Eru gave his granddaughter her present, his wife told everyone in the room that he had to sell his treasured war medals in order to get this present. On hearing this, his granddaughter is most likely to feel

1. very upset or unhappy.
2. moderately upset or unhappy.
3. slightly upset or unhappy.
4. neutral, neither unhappy or happy, I cannot really tell.
5. slightly good, happy, cheerful.
6. moderately good, happy, cheerful.
7. very good, happy, cheerful.

Question 48.

Daniel, age 16, hated going to school. It bored him and he always had trouble paying attention to the teacher. He wanted to leave, but he knew that his parents would be really upset and angry with him, so he decided to bunk school and spend most of his days at his friends place. One morning at the school assembly, he was sent to the headmaster because of his bunking school. He was suspended from school for a week, and the headmaster phoned his parents to tell them. Daniel most likely would feel

1. very upset or unhappy.
2. moderately upset or unhappy.
3. slightly upset or unhappy.
4. neutral, neither unhappy or happy, I cannot really tell.
5. slightly good, happy, cheerful.
6. moderately good, happy, cheerful.
7. very good, happy, cheerful.

Question 49.

Brad, age 11, lives with his parents. His older brother Richard, age 19, moved out last summer. Today is Brad's birthday, but there is not going to be a party today because his father is working an afternoon shift. When Brad walks home from school, he expects to find the house empty since his mother does not get home until after 5pm. To Brad's surprise, the front door is open. His brother is inside smiling broadly, holding a present. "I couldn't let my little bro be alone on his birthday." Richard gives Brad a big hug. Brad is most likely to feel

1. very upset or unhappy.
2. moderately upset or unhappy.
3. slightly upset or unhappy.
4. neutral, neither unhappy or happy, I cannot really tell.
5. slightly good, happy, cheerful.
6. moderately good, happy, cheerful.
7. very good, happy, cheerful.

Question 50.

Katherine, age 11, got a cramp in her wrist while playing netball. She sits on the sideline, nursing her wrist, until the game finishes. Mike, the coach, age 29, stays behind after all the other girls have left. He massages her wrist and hand. His touch hurts at first, but gradually the pain in her wrist goes away completely. He tells her that she is a really good player and reminds her of the practice next week. Katherine is most likely to feel

1. very upset or unhappy.
2. moderately upset or unhappy.
3. slightly upset or unhappy.
4. neutral, neither unhappy or happy, I cannot really tell.
5. slightly good, happy, cheerful.
6. moderately good, happy, cheerful.
7. very good, happy, cheerful.

Appendix B

The Emotional Apperception Test

Information Sheet

- You are invited to take part in a project looking at emotions in sex offenders called The Emotional Apperception Test. The aim of this project is to explore the meaning of empathy, and create a new measure that will identify the emotional abilities of men who offend against children. As part of this study I will be looking at prison records as well as collecting data from the questionnaire entitled 'The Emotional Apperception Test.' Your taking part in this project will simply involve you answering a questionnaire that looks at your recognition and understanding of emotion.

- The questionnaire is in two parts. The first involves you thinking about your most recent offence against a child. The second part requires you to read a series of short stories that involve two person's in varying circumstances. Usually, these involve a child and an adult. All you need to do is to think carefully about each question and then answer in your own words, in as many or as little words as necessary. Importantly, there are no right or wrong answers in this questionnaire. This questionnaire will take approximately 1 hour for you to finish.

- The results of the project may be published, but you can be assured of complete anonymity as no one will know that the questionnaire was completed by you. To make sure of this, your questionnaire will be given a code number, with the completed questionnaire safely stored with access limited to the researcher only.

- You are under no pressure to take part and if you want to withdraw your participation you may do so at any time. Importantly, if you choose to take part in this project, it will have no effect on your sentence or future parole.

- This project is being carried out by Jayson Ware, who can be contacted at the University of Canterbury on 366 7001 (ext 7190). He will be happy to talk about any concerns or further questions you may have about participating in this project.

This project has been reviewed and approved by the University of Canterbury Human Ethics Committee.

CONSENT FORM

University of Canterbury
Department of Psychology

'THE EMOTIONAL APPERCEPTION TEST

I have read and understood the information sheet of the above named project. On this basis I agree to participate in the project, and I consent to publication of the results of the project with the understanding that anonymity will be preserved. I understand also that I may at any time withdraw from the project, including withdrawal of any information I have provided.

Signed _____

Date _____

The Emotional Apperception Test

Instructions

This questionnaire is in two sections.

In **Section A**, you are required to imagine yourself in certain circumstances and answer the corresponding questions to the best of your ability. Initially you will have to describe some events that have occurred in your own words. Then you will have to think about the feelings and thoughts you had at that time, and to try and put these feelings and thoughts into words. You may make your answers as brief or as long as necessary to express how you felt or would feel.

This is quite difficult and you may take as much time as necessary to do this. You are also required to think about the other person involved in these events and his or her feelings as well as your own. Again, you will have to try and express these thoughts and feelings in words. It is important to remember that there are no right or wrong answers, so you need to give your best judgement as to the thoughts and feelings that would have occurred.

In **Section B**, you will read brief stories involving two persons in various circumstances. Some of the stories may involve an abusive/harmful situation, whereas others may involve a nonabusive/nonharmful situation. In most stories, it may be quite difficult to tell whether the situation is harmful or not.

You are simply asked to weigh up each situation and the various factors involved, and to write down in as many or as little words as needed, how the individual in question is feeling in each story. The age of the individuals in each story change, so be careful to consider how a person of each age group would feel about the situation. Again, it is important to note that there are no right or wrong answers, so all that is required is your best judgement for each story. Please answer each question, even when you are not sure of your answer.

Code No. ☐

SECTION A.

Please think carefully about the last sexual encounter you had with a child. Think through the experience you had starting with the events leading up to the sexual episode. Try to think about what happened and how you and the child would have felt and acted at certain moments. This is not easy so take your time to imagine the situation.

Question 1.

Please describe how **you** were feeling at each of the following times during the sexual encounter with the child. You may make your answers as brief or as long as necessary to express how you felt. Remember there are no right or wrong answers, just your best judgement as to how you were actually feeling at the time.

a.)

Think about the events directly leading up to the sexual encounter. *Try to recall what actions you took prior to behaving sexually with the child, how the child reacted, and what the child did. Try to remember the thoughts and feelings that you felt during this time and also think about how the child would probably have felt.*

Describe in as many or as little words as necessary the events leading up to the actual sexual encounter.

Explain in your own words, to your best ability, how you think **the child** was feeling at this time.

Now, thinking again about the situation explain in your own words how **you** were feeling directly leading up to the sexual encounter.

b.)

Now think about the actual sexual encounter that you had with the child. *Think about the situation and try to recall what you did, how you acted, how the child acted, and the thoughts and feelings of both the child and yourself.*

Describe in as many or as little words as necessary the actual sexual encounter that you had with the child.

Explain in your own words, to your best ability how you think **the child** was feeling at this time.

Now, explain in your own words, as well as you can, how **you** felt during the encounter with the child.

c.)

Think about the events that immediately followed the sexual encounter with the child. *Recall the way both the child and yourself reacted to the encounter and try to remember the thoughts and feelings that you experienced. Also try to think about the thoughts and feelings the child would have had.*

To your best ability, describe the events that immediately followed the encounter with the child.

Explain in your own words as best you can, how you think **the child** would have felt at this point of time.

Now, explain in your own words how **you** felt immediately after the sexual encounter with the child.

d.)

Now, think again about the sexual encounter that you had with this child and how you and the child feel about it now. *Try to think about the emotions, thoughts and behaviours that the child would now be experiencing because of the encounter. Also think about your own feelings and thoughts concerning the sexual encounter with the child.*

Explain in your own words as best you can, how you think **the child** is most likely to currently feel about the experience they had with you.

Now, explain in your own words how **you** now feel about the experiences that you had with the child and about what happened to the child.

SECTION B

Question 1

Daniel, age 16, hated going to school. It bored him and he always had trouble paying attention to the teacher. He wanted to leave, but he knew that his parents would be really upset and angry with him, so he decided to bunk school and spend most of his days at his friends place. One morning at the school assembly, he was sent to the principal because of his bunking school. He was suspended from school for a week, and the principal phoned his parents to tell them.
Daniel most likely would feel?

How does this make you feel?

Question 2.

A man is walking down the street. An eight year old girl approaches the man and asks him directions. They have seen each other in the neighbourhood, but they have not met before. They talk briefly. The girl is smiling. Before she leaves, the man gives her a hug and a kiss.
As she leaves, the girl is most likely to feel?

How does this make you feel?

Question 3.

Kahu, age 8, often plays by himself by the river. One day when he is down by the river, he sees Sam, who owns the local dairy. Sam comes up to Kahu and they talk for a while. Sam tells Kahu that he could get a lot of candy if he would play a special game. Kahu agrees. Sam then takes down his pants and tells Kahu to play with his penis. Kahu does it.
Kahu is most likely to feel?

How does this make you feel?

Question 4.

Terry's older brother died of cancer when Terry was only 5 years old. Terry spent a long time getting over his loss. One day while at work, one of his female work mates mentioned that Terry was looking very attractive. However she knew that Terry had a girlfriend, so she told Terry that if he had a brother she would go out with him.
On hearing this, Terry is most likely to feel?

How does this make you feel?

Question 5.

Talalofia, age 67, enjoys looking after his grandson, Malafunga, age 9. One day, Malafunga was riding his bike around the backyard when he fell off, cutting his knee. Talalofia heard Malafunga crying and to comfort him, he picked Malafunga up and bounced him up and down on his lap. When Malafunga finished crying, Talalofia continued to bounce him on his lap.
Malafunga is most likely to feel?

How does this make you feel?

Question 6.

John, age 17, often visits his Uncle's house in the weekends so he can watch the rugby on Sky TV. His cousin, Roderick, age 7, often watches too. One weekend, John and Roderick are watching Sky movies, when an adult movie comes on. John tells Roderick that he should watch and learn from the movie. Half way through the movie, John shows Roderick his erect penis.
Roderick is most likely to feel?

How does this make you feel?

Question 7.

Hayley, age 14, plays volleyball every Tuesday after school. One day during a game against one of the top teams in the competition, Hayley injured her ankle when she fell after scoring a point. It was an important game for Hayley as it was the first game her father had come to watch and they had to win to reach the finals. Hayley injured her ankle in the first couple of minutes and could not play in the rest of the game. Hayley's father left to go back to work when he saw his daughter could not continue playing. Hayley's team won.
Hayley is most likely feeling?

How does this make you feel?

Question 8.

Lisa, age 11, does not get on with her parents, whom she regards as unfair and mean. One day, Lisa's father sends her to her room for not eating her tea. Lisa runs away, and is gone for a week. She stays at her friend's house. Her parents do not know where she is.
When she returns home a week later, her father is most likely to feel?

How does this make you feel?

Question 9.

Jane, age 9, visits her cousin Raymond, age 18, about once a month. Jane usually rides her bike by herself to Raymond's house. Raymond lets her play with his computer games and exercise equipment. One day, Jane tells Raymond that she is a big, strong girl now and she could wrestle Raymond to the ground. Raymond accepts the challenge and wrestles with her (not really trying) for several minutes before allowing himself to be pinned on his back. He then threatens that if she does not let him go he will kiss her and give her "boy germs." Jane then pauses for a moment and then gets off him.
Jane is most likely feeling?

How does this make you feel?

Question 10.

Solomon, age 14, had always wanted to cook tea for his family. One winters day his mother and father were both sick with the flu, so Solomon decided to make them a special meal. His mother warned him not to make too much of a mess as his Aunty was coming around later. Solomon cooked a big meal and tided up the kitchen. After he finished his meal he went back into his parents bedroom to collect the dishes. His mother and father had hardly touched their dinner, but told him it was nice. His father got up to check the kitchen.
Solomon would most likely be feeling?

How does this make you feel?

Question 11.

Stefan, age 34, works until late at night. When he arrives home he always checks on his daughter Rachael, age 9, to see if she is all right. One night, he sees that she is tossing and turning in her sleep. He sits on the bed next to her, kisses her on the cheek, and cuddles her tightly. Rachael wakes up with a fright, but sees that it is her father.
Rachael is most likely to feel?

How does this make you feel?

Question 12.

Jason, age 28, enjoys drinking at the local pub every Friday night with his friends. One night he is talking with his ex-girlfriend, Sarah, age 26, when her current boyfriend arrives. He does not look particularly impressed that Sarah is talking to Jason, even though he does not realise that Jason and Sarah used to go out. Jason offers to buy him a drink, but he declines telling Jason that he is a loser and to get out of his sight.
Jason is most likely to feel?

How does this make you feel?

Question 13.

Richard and Belinda have been seeing each other for 2 years and have lived together for 6 months. Recently, Belinda moved out to start a new job in a different city. Richard was unable to shift with her. Richard feels terrible that she is away. She does not have enough time to talk when he calls and she discourages him from coming to see her in the weekends, claiming that it is too expensive. One evening she rings Richard wanting to break up with him. Richard is not home, but a woman answers the phone.
Belinda is most likely to feel?

How does this make you feel?

Question 14.

Eric, age 22, and Charles, age 18, like to run on the beach every Sunday. They do this to relax and talk about their weeks. One summer morning, they decide to have a race along the beach for a couple of dollars. Charles reaches the stated finish line first. He looks back to see that Eric has stood on something, and is sitting on a log.
Charles is mostly likely to be feeling?

How does this make you feel?

Question 15.

Peter, age 24, and his friend work together at an accounting firm. They usually work together on the big projects that they are given. There is a prize given annually to the best performance of the year, in terms of the quality of work done on a work project. Peter and his friend work hard to win this prize. At the end of year party the winner is announced, it is Peter's friend.
How is Peter most likely to feel?

How does this make you feel?

Question 16.

Megan, age 25, raised her daughter Beth, age 4, by herself as Beth's father left Megan for another woman. One morning, when Megan was washing Beth, She inserted her finger in Beth's bottom to clean her thoroughly. She then cleaned Beth's vagina in the same manner.
Beth is most likely feeling?

How does this make you feel?

Question 17.

Jack has a good relationship with his daughter, Tracey, who is now turning 13. Jack still occasionally tucks Tracey into bed at night. One night, Jack sits on the edge of Tracey's bed and rubs her back. He then massages her shoulders. She tells her father that she has had enough massage, and that she would like to go to sleep now. Jack gives her a kiss on her forehead, and leaves.
Tracey is most likely to feel?

How does this make you feel?

Question 18.

Terry, age 23, had a particularly bad day. He got fired from work, and on his way home got a ticket for speeding. He decided to stop at the pub on the way home. When he arrived home, he was drunk and extremely angry. He crept into his daughter's bedroom and climbed into bed with her. He woke her up and whispered that she was the only one who really understood him.
His daughter most likely would feel?

How does this make you feel?

Question 19.

Richard, age 30, caught the bus to town one Saturday morning. He almost missed the bus and only got to the bus stop just in time. Even now he was running late for a meeting in town and was hoping that the bus would not stop again on the way into town. The bus stopped at an intersection, and Richard saw an elderly woman trying to wave down the bus so it would stop for her. The bus driver did not see the old woman and carried on.
Richard would most likely feel?

How does this make you feel?

Question 20.

Katie, age 7, fell off a swing and bruised and cut her back and bottom. Her mother took her to see Dr. Reid, age 43, who was their family doctor. Dr. Reid cleaned the cuts, and put plasters on Katie's bottom. As he did this, he told Katie that she was a brave little girl and that the cuts would heal quickly. Before Katie left, Dr. Reid gave her a small kiss on her forehead.
Katie would most likely feel?

How does this make you feel?

Appendix C

Brief EAT Coding Sheet

Emotional awareness

Emotional awareness is scored as per the explicit guidelines provided by Lane and Schwartz (1987).

Perspective taking

There is a table of expert generated emotional states. Explicit adherence to the criteria is necessary. The respondent perspective taking level is scored for each vignette by matching the respondent generated emotional states to the criteria table. The criteria table lists the optimal highly empathic responses for each vignette. These vary considerably and consist of categorised negative and positive emotional states.

The respondent is scored based on the similarity between his/her articulated emotional states and the broad categorised expert criteria. Scores are based on a 3-point system as follows:

0 for answers that contain {essentially different content},
1 for answers that contain {similar but not same content},
2 for answers that contain {essentially the same content}.

Emotional Replication

Emotional replication entails coding the "How does this make you feel?" question in accordance with the expert generated criteria. The degree to which the respondent feels the same as the individual in question is also scored according to the 0-2 similarity paradigm (as above).

Potential areas of difficulty

- When the criterion contains descriptors for only one affective state, i.e., positive, this is scored highly if the respondent either includes one of these descriptors or adequately conveyed this content. For example, a respondent articulated 'awkward' to Q6 (confused, fearful, uncomfortable, curious). This scored 2. Therefore a 2 is scored fairly easily. If the question criterion included both negative and positive affect, this is also receives the maximum score if an appropriate answer for one of the affective states was articulated. For instance, Q8 requires answers of 'angry' and 'relieved'. If one of these emotional labels is used, then this will score 2.

- A popular response is to answer 'confused'. This descriptor is a cognitive state, so this response will score a 1, if it was the only articulated answer. However, If it accompanies another affective label, then the other label is scored for

appropriateness. For example, Q13 needs some reference to hurt, rather than simply 'confusion'.

- If a response is not congruent to the PT, but is an appropriate emotional response to the situation, this scores 0 (or 1 if similar). For instance, if the child was feeling "upset, conflicted" and the respondent himself felt 'disgusted' or 'angry', this is scored a 0 as being essentially different content. This is due to the lack of an adequate self-other differentiation.

- If the respondent does not reply in terms of emotional states but rather their cognitive thoughts, this also scores 0. For example, a respondent may answer "how does this make you feel?' by condemning society, or complaining about the parents not being there.

Appendix D

GUIDELINES FOR LEAS SCORING

The LEAS consists of 20 scenarios which are each rated on a 5 point scale. These scores are summed to generate a maximum possible total score of 100. The guidelines described below address how the 5 point rating for each scenario is made.

There are three separate ratings which must be made for each scenario: 1) self 2) other 3) total. The ratings for "self" and "other" are made in exactly the same way: the description of emotion for each person is assigned the level score from 0 to 4 which is the highest level achieved for that item. Thus, there is one "self" score from 0 to 4 and one "other" score from 0 to 4 for each scenario. Every feeling mentioned in a scenario can potentially be rated for "self" or "other".

In making these ratings, the criteria listed below should be followed explicitly. Emotion which is implied by or can be inferred from a response but which is not explicitly stated should not be scored. If a feeling is explicitly mentioned but denied, e.g. I wouldn't feel embarrassed, it is scored as if the emotion in question was present. If a feeling is not specifically attributed to self or other but to "someone" or "one" it is not rated. Similarly, if emotions are described which are not a response to the scenario per se but rather reflect the general belief system of the respondent, the emotions are not rated. Incidental comments contained in the description which convey emotion such as "I hope" are rated if they are embedded in the emotional response.

All words in the glossary are classified according to the level that they best fit. If there is another level that they might also fit less commonly, that secondary level is indicated in parentheses. Words must be interpreted in relation to the scenario, e.g. pain in the first scenario is scored 1, while in scenario 12 is scored 3.

The "total" score for each item is the highest of these two ("self" and "other") scores, except in the case of two level 4 scores in which case the guidelines for level 5 should be followed. All of the scoring guidelines for these ratings are listed below.

LEVEL 0

At least one of the following guidelines must be met:

1. No response given to the item.

2. Description of a thought or impression which reflects an act of cognition without any indication of the emotional reaction which followed from the cognitive act. A good rule of thumb here is if the word "think" can substitute for the word "feel" without any change in meaning, e.g. I would feel that they were wrong; I would feel that the remarks were justified.

3. Words that describe cognitive states, e.g. puzzled, confused, uncertain.

4. Words that reflect conclusions reached from evaluative judgements which do not consistently have an associated positive or negative emotional tone, e.g. adequate, alone, justified.

LEVEL 1

At least one of the following guidelines must be met:

1. Explicit, simple statement that the person would feel nothing, a statement that the respondent does not know how the person in question would feel, or a statement acknowledging the possibility of having feelings without specifying what they are, e.g. closed, denial, indifferent.

2. Any bodily sensation or physical feeling, e.g. I'd feel pain, tingling, achy, nauseated.

LEVEL 2

At least one of the following guidelines must be met:

1. An action tendency, e.g. I'd feel like punching the wall. A response would be scored here if the person felt like doing something which required mediation by the voluntary motor system. Actions per se are not rated as feelings.

2. Reference to a conscious state which is global in nature and focuses on a key word whose usualy meaning is not emotional, e.g. I'd feel ... good, bad, upset, awful, terrible, great, wierd, etc. Words such as "strong" or "weak " would be scored here if they do not clearly refer to a physical state.

3. Personality traits which have an inherent action component where the person is the initiator of the behavior,

e.g. authoritarian, pompous, patriotic, defensive, greedy, haughty.

4. Passively experienced actions with emotional connotations, e.g. abandoned, offended, soothed, manipulated.

5. Actions that inherently convey emotion, e.g. mope, laugh, cry, soothe, console.

6. Nonspecific emotions that cannot be categorized with any one primary emotion, e.g. irritated, upset, aroused.

7. Words that reflect cognitions that have distinctly positive or negative emotional connotations, e.g. fortunate, triumphant, unworthy, lucky.

LEVEL 3

At least one of the following guidelines must be met:

1. Emotions that have a well-differentiated connotation, e.g. happy, sad, angry, want, anticipate, disappointed, etc.

2. Words which are closely allied to specific emotions, e.g. pissed off, look forward, dying for, let down.

3. Words that inherently convey an exchange of emotion, e.g. sympathize, empathize, commisserate.

4. Complex emotions such as "remorse" are scored here if it is the only emotion mentioned.

5. Single words which refer to multiple emotions would be scored here if the multiple emotions were not specified or referred to in some way, e.g. "I'd feel ambivalent".

6. If two or more feelings are expressed which are so similar in meaning that they cannot be readily distinguished, i.e. level 4 criterion #2 is not satisfied.

LEVEL 4

At least one of the following guidelines must be met:

1. Opposing emotions are described. Examples of opposing dyads include joy-sadness, interested-bored, anger-fear, surprise-anticipation, acceptance-disgust.

2. Qualitatively distinct emotions are described. The test of whether a feeling state is distinct is if an outside observer could look at two people, each of whom is manifesting the facial expression of one of the emotions

which is to be contrasted, and reliably identify who is feeling what.

3. Quantitatively distinct emotions are described through the use of words that describe different emotions, not use of adverbs such as "more" or "less", e.g. "My feeling was somewhere between ecstatic and delighted". Another sufficient but not necessary criterion for making quantitative distinctions is that provided by #2 above.

4. When different reasons are given for a single emotional response, e.g. I would feel angry with myself and angry with my neighbor.

5. When a metaphor or simile is used to describe an emotional state which is particularly vivid, e.g. He would feel as though the world was collapsing on him; I would feel as if I was in a bad movie. Another example would be a detailed elaboration of a single word which evokes a powerful and vivid sense of an emotion.

LEVEL 5

All of the following guidelines must be met.

1. Each individual's emotional reaction meets level 4 guidelines.

2. The reaction of the two individuals are clearly different from each other, either in specific content or overall tone.

3. Unlike in level 4, the major emotions which are mentioned must be understandable to the rater. For example, the respondent should specify which aspect of the situation accounts for each of two opposing emotions. If the emotions which contribute to the level 4 score in each of the two individuals are the same, reasons should be given to account for differences in the overall tone of the two reactions.